Lectures
ON
CHRONIC HYDROCEPHALUS.

Delivered at the Hospital for Sick Children, May, 1870.

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LECTURE II.—PART I.
SYMPTOMS AND CLINICAL HISTORY OF CHRONIC HYDROCEPHALUS.

GENTLEMEN,—I will now proceed to describe the symptoms of the disease as they ordinarily come under notice, with the peculiarities which indicate its origin in venous obstruction, inflammation, or rickets.

The variety of cranial dropsy which arises under each of these circumstances is often as characteristic in its symptoms as definite in its cause; nevertheless, cases occur in which it is not possible to make the distinction during life; and others happen in which two causes of the disease may co-operate, as where meningitis comes on in the course of ventricular dropsy which began from some other cause.

It may be generally stated that hydrocephalus connected with weakness of the skull is by far the most common variety; while inflammation of the brain or its membranes comes next in order of frequency; venous obstruction being comparatively rare as a cause of the disease.

As to the time of life at which the disorder begins, it appears that under certain circumstances it may commence before birth. Writers on midwifery recognise hydrocephalus as a cause of difficult labour. When congenital, the affection appears to be often associated with defective development occurring in connexion with monstrosity or malformation. The most frequent causes of the disease, however, do not come into operation until after birth, so that intra-uterine hydrocephalus is fortunately exceedingly uncommon. Rickets is not known to occur until after birth. Inflammatory action in the fœtus, though not unknown, is rare. And, besides the immunity from these causes of the disease, expansion of the head in utero is to a certain extent counteracted by even and constant pressure.

Ventricular dropsy usually begins between birth and the age of a year and a half; at which date the bones of the skull are usually so firmly united as to oppose great resistance to extension. In the great majority of cases symptoms are observed before the end of the sixth month, the fourth and fifth months being very frequently chosen for the outset of the disease. Of 26 cases under my own care, 4 began at birth, 16 between birth and the end of the first six months, 6 at later periods up to the age of two years and two months. This accords with what has been stated by other observers. Dr. West found that, in 54 cases, 50 showed symptoms of the disease before the completion of the sixth month; in 14 of which symptoms were observed from birth. Sometimes, however, the disease comes on later in life. I have already alluded to a case in which the symptoms commenced at the age of seven years; and Dr. Matthew Baillie relates another, beginning at the same time of life. When the disease begins thus late, it is always of an active kind, either inflammatory or depending on venous obstruction. In the majority of cases the disease begins with a gradual enlargement of the head, without any noticeable disturbance of the general health. The fontanelles enlarge, the sutures widen, and the cranium gradually approaches a spherical form, the more nearly so the earlier the age and the less advanced the ossification. This is particularly noticeable in the change which takes place in the direction of the orbital plates, which are depressed, until at last they may form a continuous curve with the vertical plate of the frontal bone. This necessarily causes a corresponding change in the position of the eyeballs, which are depressed often until the pupil is in great part hidden by the lower lid. The depression of the roof of the orbit is characteristic of ventricular dropsy. It is said not to take place in those rare cases already alluded to, in which the fluid is encysted in the arachnoid cavity. While the cranium thus increases, the face undergoes no expansion, but, on the contrary, is vertically compressed; the disproportion between the head and face, with the peculiar position of the eyes, producing a very characteristic physiognomy. The head remains extensively membranous, and becomes increasingly so as it enlarges; the sutures gape; the fontanelles are magnified, and often pass into each other. Sometimes there is no bony union between the lateral halves of the skull, except at the base. The parietal bones are widely separate; while the frontal bone is cleft to the eyebrows, and the occipital to the root of the neck. Trousseau likens the bones spreading out from the base of the skull to the petals of an opening flower. Sometimes ossification commences in many scattered points between the bones, dotting the soft expanse with hard plates, and forming a sort of archipelago of bone and membrane. The newly-formed bone is generally very thin, and yields to the pressure of the finger in a manner suggestive of stiff paper.

The weight of the head often becomes such that it can no longer be lifted by its owner, but lies as an intractable mass, presenting a painful disproportion to the attenuated body—as if the body were suspended to the head, rather than the head under the control of the body. The dimensions attained are sometimes enormous. I had a patient (R——), whose case I shall presently relate, in which the head at the age of nine months had reached the circumference of thirty-one inches. In Dr. Bright's well-known case—that of the "o'er great Cardinal"—the skull, after the removal of the integuments, measured thirty-two inches and a quarter round. I once saw exhibited at a suburban fair a girl, six or seven years old, suffering from this affection, whose head had reached even a greater bulk. I measured the head, but as I have unfortunately lost the note I made at the time, I am afraid to state the extraordinary dimensions. Trousseau mentions a case in which the head measured forty inches round, and another in which it measured fifty-two. The veins, particularly in the temporal regions, show conspicuously through the thin integuments; and the head may even lose its proverbial opacity, and become sufficiently translucent to transmit the light of a candle.

Cases have been recorded in which, as the consequence of ventricular effusion, the sutures of the skull, having been once united, have separated.

Dr. Matthew Baillie relates such an occurrence in the fourth volume of the Transactions of the College of Physicians. The patient, a boy seven years of age, was brought to Dr. Baillie for disturbances which led to the inference that water had begun to accumulate in the head. The pupils were dilated, the pulse irregular, and there was headache and frequent stupor. The head was then of natural size, and the bones firmly united. After suffering for seven months with remittent febrile symptoms, followed by paralysis of all the limbs, the bones of the head began to separate, insomuch that at death, which took place three months later, the parietal bones were divided from each other by a space of three-quarters of an inch, and from the frontal bone by half an inch. During the last week there were frequent attacks of convulsion. The ventricles were found to contain nearly a pint of fluid. The condition of the brain, however, is not further described, so that the nature of the disease which caused the effusion can only be a matter of conjecture. It is clear that the ventricular effusion was not the mere passive exhalation which takes place as the result of weakness of the skull, but was poured out actively and at high pressure, as the result either of venous obstruction, as in the similar case before related (Lect. I., p. 75), or of chronic meningitis. Even in adult life the sutures have been known to reopen as the consequence of ventricular effusion.

Cases have happened in which the head has burst through the fontanelle; and others in which, in consequence of the loosening of the ethmoid bone from its attachments, the fluid has made its escape through the nose.

The disease in its most common form, where it depends, as I endeavoured to show, rather on unnatural extensibility of the skull than on active disease within, is exceedingly chronic. If not arrested at an early period the enlargement of the head continues until ossification, which in these

cases slowly overtakes the expansion of the head, is complete, or nearly so. The progress of the enlargement is attended with symptoms of cerebral disturbance less constantly and with less severity than might be expected from the great changes which take place in the shape of the brain. In the comparatively acute form of the disease, which depends upon inflammatory action, convulsions are often the first symptom, and may frequently recur in the course of the disease; but under other circumstances convulsions do not take a prominent place in the history of ventricular dropsy. Sometimes convulsive symptoms are altogether absent; sometimes they are limited to oscillation of the eyes or twitching of the features. Sometimes there is stiffening of the limbs, or contraction or extension of the thumbs or great toes. In the twenty-six cases before referred to general convulsions occurred at some period in the history of the disease in fourteen, slight convulsive movements only were noted in two, while ten were wholly free from convulsive affections. Generally speaking, convulsion occurs in about half the cases of disease which come under medical supervision. Such attacks are seldom altogether absent when the head attains a considerable size. They often come on late in the disease. When the complaint is of inflammatory origin convulsion generally precedes enlargement. The reverse order generally holds in the more ordinary forms of the disease.

When the enlargement of the head and the consequent stretching of the brain is very great, it generally happens that there is interference with some of the cranial nerves. Those of the eye suffer most. There is not unfrequently amaurosis, apparently from stretching or compression of the optic nerves. Under these circumstances white atrophy of the retina sometimes exists. This is the case as regards the right eye with a very chronic case now in the house. Dr. Allbutt, of Leeds, who has looked at this subject from an ophthalmoscopic point of view, tells me that he has found chronic hydrocephalus frequently associated with white atrophy, consequent probably upon compression of the optic tracts or commissure, and less often accompanied with swelling of the optic disc from arrest of venous reflux.

The pupils are often dilated, which, with occasional divergent strabismus and partial ptosis, gives evidence of interference with the third nerves. Occasionally the fourth nerves are involved, as we may infer from the occurrence of internal squint. The auditory nerves are generally unaffected. With Dr. Bright's patient, Cardinal, the hearing was described as remarkably acute. A hydrocephalic infant who was a patient of mine had suffered complete loss of sight, but readily recognised its mother by her voice. It is probable that the susceptibility of the nerves which enter the orbit may be accounted for by the displacement of the orbital plates and consequent narrowing of the foramina, compressing the nerves as they pass through. The optic nerves run an additional risk at the commissure, where they are often visibly flattened by distension of the third ventricle. The nerves thus affected often recover their function as the dropsy lessens or its effects are modified by advancing growth. Sight which has been lost, or nearly so, may return; while strabismus may diminish or cease.

The amount of cerebral disturbance in this disease is largely influenced by its cause. When the disorder has arisen from venous obstruction or cerebral inflammation, the brain undergoes abnormal pressure, and the patient during the comparatively short time the disease lasts is apt to be restless, drowsy, or half-comatose, with convulsive attacks at intervals. In the more ordinary form of the disease, however, in which there does not appear to be any increased pressure upon the cerebral substance, the mind is comparatively little affected. A child under such circumstances is generally backward in intelligence, but equally removed from coma and idiocy; the intellect is sluggish, and the power of speech generally much retarded; a child talking like one of half its age; but the infant recognises its friends, and learns, though tardily, to observe the decencies of society. Should he attain adolescence, he may be able, as in the case of Dr. Bright's patient, Cardinal, to earn a livelihood. The amount of intellect which these patients retain shows a remarkable tolerance on the part of the brain of alteration of shape so long as it is not accompanied by compression. The brain in many of these cases could hardly be recognised as the organ of mind. From the distension to which it has been subjected, it is degraded to the similitude of a stomach. But yet, excepting with regard to those nerves which have been compressed, there is no very definite loss of function. Idiocy, or extreme imbecility, or absolute paralysis is rare. All the faculties are deadened, but none destroyed. The intelligence is of a low order. It was recorded of Dr. Bright's patient, to whom I have referred, that he never dreamed, and I was told of a similar exemption in a patient of mine. A child, four years old, now in the hospital, presents a contented immobility of temper, taking very little notice of passing events. She is continually chattering with imperfect articulation and little meaning, repeating like a parrot any sentence she hears, and interposing inelegant expletives, with frequent allusion to future punishment—"a tale of little meaning, though the words are strong." She, however, recognises the people about the ward, and has names for them, which are not always those by which they are generally known. I have little doubt that as she grows up her intellect will improve; perhaps, as in many of these cases, she may acquire enough to fit her for most of the purposes of life.

There is apt to occur, as in this child and in another I shall presently show you, a sort of general incomplete paralysis. The limbs are moved, but awkwardly and imperfectly, the patient walking late, and then with a staggering, uncertain gait. With the alterations which occur in the brain, it seems strange that so much of its function remains. Besides the enormous extension of the hemispheres, it is evident, from the small bulk into which a hydrocephalic brain collapses after removal from the skull, that there has occurred a considerable atrophy of the cerebral substance.

The disease may kill directly or indirectly. Among its more direct consequences, the patient may fall into a state of coma from compression of the brain. This is more especially to be apprehended when the disease is of inflammatory origin, or is dependent on venous obstruction. Repeated convulsions often occur, and terminate fatally. Under some circumstances, more particularly when tapping has been used, symptoms of meningitis are apt to supervene and cause death in cases which began without any evidence of inflammatory action. Death may follow upon bursting of the head, though such an accident is rare. It may be caused by sloughing of the integuments, the result of injudicious pressure.

Besides these more direct evil issues of the disease, the patient is exposed to a variety of evil chances. He has a feeble body, which yields readily to morbid influences. Spasmodic croup occurs in many cases, and sometimes proves fatal. The contagious diseases of childhood are sources of unusual danger, and the patient generally has an insecure tenure of life, which any apparently trifling circumstance may bring to an end. Cardinal's death was brought about by a "slight cold" followed by diarrhœa. When the ossification of the head is complete, which may not be until the sixth or seventh year, and may even, as in the case of Cardinal, be delayed until the age of twenty-seven, the expansive process is necessarily at an end. In most cases it has ceased long before. It is stated that the period of complete ossification of the head is sometimes attended with cerebral disturbance; whether this is so or not must depend mainly upon the cause of the disease. I do not think it occurs in the more common form, though it is likely to happen if there is a forcible production of fluid as the result of obstruction or inflammation. After ossification, though the head is incapable of lessening as of increasing its size, it becomes less unmanageable and disproportionate as the muscles strengthen and the body grows. Finally, if only the smaller degrees of the complaint existed, it may fade out of notice with advancing years; while, even though a great amount of ventricular dropsy exists, sight which has been lost may return, and the patient may walk about, his life neither useless nor without enjoyment, though he has an heroic cranium associated with a feeble body and imperfect brain. Persons with this disease have been known to live to between seventy and eighty.

THE governors of Halifax Infirmary have decided upon erecting a new building on a fresh site for the purposes of their charity, and have been promised by Sir F. Crossley the noble donation of £10,000 towards the cost of the undertaking.

Clinical Lectures
ON
SOME STRAY SUBJECTS OF HOSPITAL SURGERY.

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LECTURE II.

GENTLEMEN,—Among the more formidable varieties of abscess, none are more serious than abscess resulting from cellulitis of the tissues within the pelvis, especially when following parturition in weakly women. These are cases which test the courage as well as the knowledge of the surgeon, for matter penned up within the recesses of the body in this complicated region must have exit. *Pelvic abscess* may occur independently of parturition, or during its progress. It is attended by local pain of a severe character, which is aggravated by digital examination. Tenderness on pressure strengthens the suspicion of pent-up matter. An examination per vaginam or per rectum detects either obvious or obscure fluctuation. Unless an early exit to this matter be made, the disease will extend throughout the subperitoneal coat of the uterus, bladder, and rectum. I have known one case in which this cellular inflammation, commencing in the tissue around the rectum, and into which the abscess actually burst, extended upwards around the uterus and bladder, and burst at the umbilicus. I have seen several cases in which the matter made its way through the sacro-ischiatic foramen, and presented along the line of the ischiatic nerve. Whenever the presence of pus is detected, and indeed whenever it is on good evidence even suspected, an exploring needle should be resorted to, followed if required by a good-sized chain trocar with its curved canula. In severe cases, nothing short of following up the examination whenever and wherever the presence of matter is indicated by local pain can afford a reasonable prospect of recovery. If, on examination by the rectum, a large collection of pus is detected, and when confirmed on examination per vaginam, a free incision by the side of the rectum through the perineum is more readily executed, and will afford a freer exit to the matter than puncture by means of a trocar through the walls either of the vagina or rectum.

There is no feature in the practice of the experienced surgeon more prominent than his appeal to what is termed heroic surgery on compulsion only. Young surgeons, who have not yet become familiar with the responsibility and the danger attached to large operations, are prone to an early resort to the knife before simpler means have been exhausted. It must not be forgotten that the interests of operative surgery invariably suffer from unsuccessful, and still more from fatal, operations; that under the most promising conditions human nature shrinks from its appeal with fear and revulsion; and that failure in one case will probably deter many from submitting to operations which offer results far more encouraging. The real philosophy of medicine and surgery consists in paying due homage to nature, the great restorer of health.

I propose to-day to tell you of the efficacy of a simple thread in the treatment of three not very uncommon diseases, which were formerly, and indeed at a recent date, subjected to that of a more violent character.

The first of these diseases is that of the enlarged bursa on the patella, known as the *Housemaid's knee*. It is a very common affection, and is productive of great discomfort and inconvenience to its possessor. It is not caused by direct pressure, but, like corns, bunions, and blisters on the hand &c., it results from oblique traction of the skin in moving from side to side; in fact, from friction. Corns are not limited to people who wear tight boots. These bursæ assume various forms and sizes, from that of a child's ball to that of an orange. They are soft or hard—that is, the bursal cavity may be filled with a serous fluid, or the cavity may be all but obliterated by a thick, fleshy mass of lymph, which forms the body of the tumour. The former are the more common, but both are to be met with, whether in hospital or in private practice. Now what is the treatment you would adopt for the cure? I will tell you. You begin with tincture of iodine—iodine the universal, and, I would add, the worthless. In truth, iodine, as a local remedy in all cases of this description, is almost, if not quite, inoperative to either good or evil. Can any one of you, gentlemen, assure me you have ever seen the smallest advantage derived from it in the treatment of bursæ? If you have, I have not. The next remedy recommended is the repeated application of blisters. I have seen cases in which blisters have been applied to the extent of some eight or ten without benefit, and, indeed, one does not see why they should prove useful in removing either the fluid contents of a bursa or the mass of lymph deposited around it. You will find a stout thread of silk passed through the centre of the tumour far more efficacious than either the iodine or the blisters. To remove these swellings by excision is to return to the barbarous surgery of our forefathers, and you will not do that operation with impunity. It is an operation of expediency, and is not unattended with danger. The effect of the seton thread is to convert the entire mass into an abscess, and this end is generally attained in the course of a week or ten days. Inflammation will follow of a somewhat severe character, if the thread be allowed to remain in the wound after the exudation of pus from the two orifices made by the needle. The cases therefore require a surgical eye upon them daily after a few days have elapsed. It is now an abscess; it was a bursa; and the abscess, when matured, should be opened freely. I have repeatedly seen the hard mass of the diseased deposit entirely absorbed without suppuration.

Ranula consists in a collection of glairy, albuminous fluid within a cyst formed under the tongue, varying in size from that of a cherry-stone to that of an orange. It is by some authorities considered to be a dilated orifice of a sublingual duct, or of that of the submaxillary gland; by others, that it is a formation independent of these natural orifices. I incline to the former pathology from the fact of my having extracted a small calculus from the orifice of a duct in a case of ranula, on the removal of which the disease underwent a spontaneous cure. When small, and, it may be presumed, in its early stage, the membranous cyst is thin—has the appearance of translucency, and is marked by minute veins coursing over it from below upwards. When at the greatest magnitude I have ever seen it its cyst is thick and fleshy, and it extends from below the floor of the mouth downwards to the level of the cricoid cartilage, forming a large tumour, palpable to sight as well as to touch. Within the mouth it occupies the entire cavity from the floor to the roof, the tongue being pushed backwards, having the apex in contact with the soft palate. Deglutition is greatly impaired, and the attempt to swallow solid food is frustrated by the paralysed condition of the agents engaged in that act. Thus the constitution suffers from partial inanition, and the disease, trivial enough in its early stages, now makes serious inroads on the physical health.

Now, what are the resources of the surgeon? You will tell me either to snip out a piece of the cyst, or to apply nitrate of silver, or, with heroic daring, to dissect out the entire cyst. But a far simpler and far more efficient remedy than either is a simple thread of silk or flax, passed by means of a much-curved needle through the centre of the tumour. It is desirable that the seton thread be passed through the centre, and not through the side, of the tumour. At the expiration of five or six days, or sometimes earlier, the ranula will be found reduced to less than half its original size, leaving the thread at some distance from it, but still clinging to the mucous membrane. Of course you remove this first thread, and apply a second in like manner through the residue of the tumour, which will finally disappear in the course of three or four days. The large cysts I have described, and of which I have treated several, are amenable to the same treatment. The thread must be passed through the long axis of the swelling from the mouth downwards. The needle must be strong and nearly straight, and the thread thick in proportion; and the point of the needle is brought out through the skin at the lowest point at which the swelling is perceptible, and the two ends tied in a knot at the angle of the mouth. The reduction in the size of the swelling may be dated from a short interval of a few

days from that of the introduction of the thread. I have never failed to effect a complete cure of ranula by these means, be the disease large or small; and the pain attendant on the entire treatment amounts to almost nothing. There is no danger of hæmorrhage from the introduction of the needle in the large cases, because the tumour in the neck is superficial, leaving the carotid artery and its branches in their natural relations to the structures beneath it. The only vessel requiring observation and avoidance is the external jugular vein.

The seton-thread is a very efficient agent of cure in some cases of *Nævus*. It is not superior to treatment by escharotics in all cases. It is slow in its action, requiring the lapse of weeks; but it has the advantage of saving the skin from destruction, and of leaving a less palpable scar than any other remedy with which I am acquainted. If the nævus is large, the threads should be passed across the morbid growth in various directions, and not necessarily through the centre, but occupying its substance in all directions. The swelling, if large, may require six, eight, or ten threads. The object to be obtained is suppuration, and when obtained, and detected by the oozing of pus, the thread or threads should be removed; and, if conveniently placed for the purpose, a little pressure should be applied.

CASE OF

ACUTE RHEUMATISM; ENDOCARDITIS; DELIRIUM; SUDDEN FATAL ISSUE.

WITH REMARKS.

BY J. B. BRADBURY, M.D.,

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J. L——, aged twenty-six, single, stone-mason, admitted into Addenbrooke's Hospital May 22nd, 1870. Seven days previous to his admission he was seized with acute rheumatism, the ankles being the joints first affected. He had been accustomed to drink beer freely, and the day previous to his attack he had drunk a gallon of this liquid. There was no history of delirium tremens, gonorrhœa, syphilis, or any previous attack of acute rheumatism. He had, however, on several occasions suffered from rheumatic pains. The day after his attack he was obliged to keep in bed, where he remained till he was brought to the hospital in a cab.

On admission, the joints of the upper and lower extremities were painful, but not much swollen. He was bathed in perspiration, but there was not the characteristic odour of the sweat in acute rheumatism. The tongue was coated at the edges with a thick creamy fur, and had a dry brown streak down the centre. Bowels had not acted for two days. Urine acid; contained some lithates; and when a little was heated and nitric acid added, it contained about one-tenth of its bulk of albumen. Heart's sounds normal. No cough or difficulty of breathing.

May 23rd.—As the bowels had not acted for two days, he was ordered the following powder: subchloride of mercury, five grains; compound jalap powder, one drachm: to be taken immediately. Milk and arrowroot for diet. To be bedded in flannel. Temperature 104° F. in the evening.

24th.—No improvement. Bowels have not acted. Urine still albuminous. Pulse 120, and temperature 104°, in the morning; pulse not taken, and temperature 104½°, in the evening. Compound jalap powder, one drachm, to be taken immediately; and a senna draught three hours afterwards.

25th.—Bowels have acted freely. Urine still albuminous. Heart's sounds normal. Tongue moist, and has no brown streak down the centre. Pain in the joints no better. Pulse 110, and temperature 102½°, in the morning; pulse 104, and temperature 103°, in the evening. Ordered twenty grains of bicarbonate of potash in an ounce of water: to be taken every two hours.

26th.—Skin covered with sudamina. Urine albuminous and acid. Less pain in the joints. Pulse 118, temperature 102°, in the morning; pulse 100, temperature 104½°, in the evening.

27th.—Was slightly delirious in the night. Urine free from albumen. A systolic bruit can now be heard over the base of the heart. Patient does not complain of pain in the chest, or of dyspnœa. Pulse 104, temperature 104½°, in the morning; pulse 92, temperature 103°, in the evening. To have beef-tea and milk. Ordered sulphate of quinine, two grains; opium powder, a quarter of a grain; confection of roses, sufficient quantity to make a pill: to be taken at bedtime.

28th.—Patient has not had any sleep, but was not delirious in the night. No albumen in urine. Tongue cleaner and moister. Pulse 100, temperature 104°, in the morning; pulse 92, temperature 104½°, in the evening. Repeat the mixture and the pill, increasing the opium powder to a grain.

29th.—Patient has had no sleep, and has been restless. No recurrence of the delirium. Pain in the joints has disappeared. Complains of numbness in the left arm. Tongue moist, and slightly coated with a white fur. Bowels acted this morning. Urine alkaline. The cardiac bruit is still very distinctly audible at the base. Pulse 98, temperature 104½°, in the morning. He took his beef-tea and milk as usual, and slept at intervals about two hours and a half during the day. He had his tea about 4.30 P.M., and soon after became delirious, got out of bed, and said he must go to work. The nurse put him back to bed, and had to keep him there; but she assures me that she did not use any great force. After being delirious about a quarter of an hour, he became insensible and could not speak. He lay in this condition till two or three minutes before his death, when he vomited, and his bowels acted. During the time he was unconscious there was considerable twitching of the muscles of the legs and arms. He died at 5.30 P.M. The nurse informs me that when out of bed the patient could use both arms very well.

Autopsy, seventeen hours after death.—Nothing abnormal was found in the pericardium. On the semilunar valves of the aorta were a few vegetations, about half a dozen on the middle valve, and two on each of the others. They could easily be detached. The mitral valve was quite healthy. The cavities of the heart were empty. There was congestion of the base of the left lung, but a small piece did not sink in water. There was also some vascular injection and slight thickening of the pleura on the right side. The kidneys were healthy, but rather large. The pia mater was somewhat more vascular than natural. There was a plug in the right middle cerebral artery. In other respects the brain was quite healthy.

Remarks.—The above case of cerebral rheumatism (Trousseau) appears to me to be of sufficient interest to place on record, since cases of this kind are happily by no means of frequent occurrence. The man's antecedents could not be well made out, as he was a stranger in Cambridge. He confessed, however, that he had been intemperate. In one of the cases recorded by Trousseau the man had also indulged to excess in alcoholic liquors, and died, as in this case, within an hour from the time of the supervention of the cerebral symptoms. The albuminuria was merely transient; but it is worthy of notice that when the albumen disappeared from the urine the heart became affected and he was slightly delirious. Vigla says that copious sweating and a confluent miliary eruption are premonitory symptoms of cerebral complications in acute rheumatism. Both of these were present in the case I have recorded. I do not, however, attach much importance to these symptoms, as they are present in most cases of severe rheumatic fever.

After death there was no evidence of inflammation of the meninges of the brain, unless the increased vascularity of the pia mater is to be regarded as such. It might be said that the case terminated too rapidly to find such evidence of inflammation as thickening and effusion of fibrin or serum. If one looks carefully at the recorded cases of cerebral rheumatism, how rarely is any evidence of meningitis found after death. I, for my part, am inclined to regard the cerebral symptoms as due to the action of the rheumatic poison circulating through the brain of a person predisposed to delirium in consequence of his intemperate habits. This was the view taken by Dr. Todd. The heart was affected, and one of the vegetations detached from the aortic valves was probably carried along in the circulation to the blood-vessels of the brain, where it plugged the middle cerebral artery in the fissure of Sylvius. This might cause the delirium; still I am inclined to think it did not. Some French physicians ascribe the production of cerebral rheumatism

to quinine. Transient delirium occurred, however, in this case before any quinine was administered. Considering also that the patient only took four grains in all, it seems unreasonable to attribute the cerebral symptoms to the influence of this drug. It should also be remembered that French practitioners give quinine in very large doses. While upon the subject of quinine, I may state that during the Easter term I treated very successfully two cases of acute rheumatism by the quino-alkaline method recommended by Dr. Garrod in his article on Rheumatism in Reynolds's System of Medicine. This mixture seems to have considerable influence over the disease, reducing the pain, temperature, and pulse in a very remarkable manner.

Cambridge, July 1st, 1870.

NOTES OF

A CASE OF CÆSAREAN SECTION.

By JOHN W. ROE, M.D.

H. S——, aged thirty-five years, of very cachectic appearance, and deeply marked with the small-pox. Some years ago she was an inmate of the Ellesmere Union Workhouse, suffering from mollities ossium, and lay in bed for nearly four years. She was sent to the Salop Infirmary during that time, and remained there under treatment for some months. Subsequently she left the workhouse, so far recovered as to be able to walk, but considerably deformed. She married three years last November. Miscarried twice since marriage.

On Saturday, Jan. 8th of the present year, I was sent for at 9 P.M. to see the patient, the messenger stating that she had been in labour since 3 A.M. of the morning of that day. A midwife was in attendance. On my arrival, I was informed that the liquor amnii had been discharged at the commencement of the labour. Uterine action appeared strong and frequent. Examination per vaginam disclosed the following conditions:—Rami of ischia and pubes approximated so closely as not to allow of the finger being passed between them. The space reaching from the posterior border of the tuberosities of the ischia to the coccyx, and bounded laterally by the sacro-ischiatic ligaments, would not admit of my two fingers placed transversely. The coccyx was much curved forwards. With considerable difficulty, and some pain to the woman, I reached the os uteri, and could just introduce the tip of my finger. Could not feel any presentation. I wrote, requesting the assistance of Dr. Moorhouse, who came at once; and, on examination, verified the conditions above described. On repeating my examination, and pushing back the perineum and vagina, I succeeded in touching the sacral promontory, which felt to be much projected forwards; but I could not reach the presenting part of the fœtus. On consultation, and having regard to the serious nature of the case and the difficulty of performing any operation that might be deemed necessary in a dark hovel, only a few feet square, we advised her removal to the union workhouse. We gave her forty minims of tincture of opium, and left at midnight to make arrangements for her removal early in the morning.

She was taken to the workhouse at 10 A.M. on the 9th; and Mr. Whitfield joined us in consultation. She had suffered little pain since taking the laudanum, but had vomited frequently. There were now no pains, uterine action being suspended. Mr. Whitfield made a careful examination of the patient. He was of opinion that nothing could be done at present; and in the absence of all uterine action, any interference was out of the question. Her pulse was good, and she appeared cheerful.—4 P.M.: No change; vomiting had occurred several times during the day.—9 P.M.: Vomiting had abated; no change in other respects.

Jan. 10th.—9 A.M.: Had passed a tolerably comfortable night; no pains; had taken beef-tea, milk, and other nourishment. Ordered to sit up, and walk about the room.—4 P.M.: In exactly the same state.—10 P.M.: No alteration.

11th.—9 A.M.: Had slept during the night; otherwise in the same state; complained, however, of slight cough and mucous expectoration; thought she had taken cold on her removal. Castor oil was given, as the bowels had not been relieved since the 8th.—5 P.M.: Oil had acted. She complained of uterine pains returning; there was no change in the state of the os uteri. Had taken nourishment freely during the day, consisting chiefly of milk, beef-tea, and eggs.

12th.—9 A.M.: Had suffered some pain during the night; os uteri soft and dilatable, but otherwise no change; pulse 120.—5 P.M.: Pains had been strong and frequent during the day, and the os uteri was dilated to some extent. No presentation could possibly be felt. On consultation, Dr. Moorhouse and I discussed the advisability of waiting until the morning before deciding upon any operation. There were no marked signs of exhaustion, though the pulse was still 120. The woman took sustenance freely. We decided upon waiting, and Dr. Moorhouse sent a message to Mr. Edmunds, of Chirk, asking that gentleman to come over early the following morning. At 9 P.M. an urgent request was sent to me to go to her. Dr. Moorhouse and Mr. Whitfield accompanied me. Uterine action was now very constant and strong. The examination was carefully repeated without disclosing any further progress, except increased dilatation of the os. In spite of the powerful action of the uterus the fœtus failed to enter the pelvic brim. Examination with the stethoscope had been made several times, and no placental sound detected, though the sounds of the fœtal heart were heard on one occasion. The pulse was now very rapid. After further consideration, the Cæsarean section was advised, and at once acquiesced in by the woman and her husband. Arrangements were made without delay; and the patient being placed on her back upon a table, I first proceeded to introduce a catheter, but found considerable difficulty in doing this in the usual way, in consequence of the woman being unable to separate her thighs to the required extent. Chloroform was administered by Dr. Moorhouse. I then made an incision about six inches in length along the course of the linea alba, commencing two inches above the umbilicus, and extending downwards towards the pubes. The peritoneum was opened to the same extent, two fingers being introduced to protect the structures beneath. An incision, nearly the same length as the outer one, was now made in the uterine walls, and immediately the placenta was disclosed to view, and a gush of blood took place. Introducing my hand, I instantly removed the placenta, and afterwards a small but living and healthy female child, the head of which was presenting in the natural manner above the pelvic brim. The uterus at once contracted and descended into the pelvis. At the same moment a considerable portion of the ileum protruded through the wound; and being replaced by Dr. Moorhouse and Mr. Whitfield, the edges of the opening were brought together, and Dr. Moorhouse introduced three wire and three silk sutures, which effectually retained them in apposition. Dr. Richardson's styptic colloid was freely applied, and a pledget of lint also soaked in the same preparation, and over all a broad bandage. The patient was then removed to bed, and one grain of opium given, and repeated every four hours. My assistant, who was present, remained with her until she slept.

13th.—9 A.M.: Mr. Edmunds, of Chirk, having arrived early this morning, accompanied us. Patient had passed a fair night, sleeping three hours at a time. Introduced catheter in the obstetric position, and drew off half-a-pint of high-coloured urine. There was a free lochial discharge per vaginam. Expressed herself as feeling comfortable, but coughed a good deal. Pulse 120; child doing well.—9 P.M.: Going on the same. Pulse 120; respiration 30. Had taken milk and beef-tea freely, and a little brandy. Had passed urine since the morning.

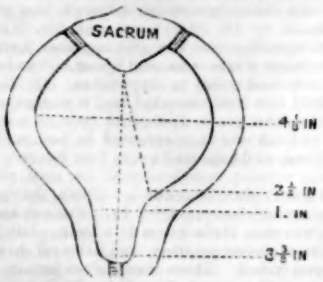
14th.—9 A.M.: Had not slept much. Respiration still quick; pulse 130. Cough harasses her. Mucous râles audible over chest. Belly somewhat tumid. No pain on pressure. Catheter not required, as she passes urine freely.—9 P.M.: Pulse 146; respiration 36; temperature 100·4°. Cough constant; expectoration thick, and difficult of removal. To have a mixture containing ammonia, morphia, chinchona, and chloric ether. Food had been taken freely.

15th.—9 A.M.: Had passed a bad night, vomiting constantly. Urine passes freely. Mucous râles audible over the upper part of the chest, on both sides anteriorly, and over the base of right lung behind. Pulse 140; respiration 42; temperature 99·2°. Beef-tea, brandy, and milk had been taken, but vomited.—6 P.M.: Had vomited at intervals

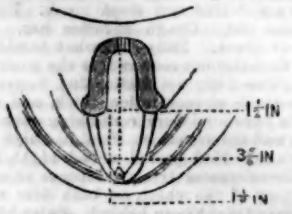
during the day. Refused beef-tea and milk, but takes a little brandy. Râles spreading over chest; complains of pain across the belly. A copious loose motion had been passed during the day. Pulse very rapid; respiration 42; temperature 99·2°. Had not slept. Lochial discharge had been abundant and healthy since operation, but was now somewhat offensive. The breasts had secreted milk. There is considerable tympanitis, and at times the abdominal pain is much aggravated. Two-thirds of a grain of acetate of morphia were injected under the integuments in right hypochondriac region. Ordered a little champagne to be given during the night.

16th.—9 A.M.: Had slept from the time of the injection until 2 A.M. Breathing easier. Had vomited once only. Champagne and brandy had been taken during the night. Pulse 130; respiration 30; temperature 98·8°. Bowels had been moved once. Hypodermic injection repeated on opposite side.—7 P.M.: Has taken brandy-and-water and champagne, also cream, and about half a pint of beef-tea. Complains of pain in the region of the diaphragm. Breathing difficult, and chest loaded with mucus, which she is unable to expectorate. Some bloody serum had escaped from the lowest part of the wound, and appeared to be forced out by the cough. Styptic colloid was applied, and the bandage readjusted. The lochia continue, but are very dark and offensive. Pulse 140; respiration 36; temperature 100·4°. Several loose motions had been passed during the day. Hypodermic injection was repeated. She died in the night, at 2 A.M., rather suddenly.

At the post-mortem examination, which was made on the 18th, and confined to the parts involved, the following conditions were noticed:—The bones of the lower extremities were much bent and deformed, as were also the arms, which were remarkably short, the fingers being misshapen and knobbed. The height of the body when the woman was living was a little over four feet. There was no attempt at union throughout the entire length of the incision. The abdominal cavity contained some bloody serum. The intestines were glued to each other and to the abdominal walls by recent lymph. The uterus was contracted; the edges of the incision made in its structure were everted, but the cut surfaces were glued together. The pelvis presented the deformity known as the "cocked-hat" pelvis. The brim gave the following measurements:—The antero-posterior, from the sacral promontory (which projected inwards) to the symphysis pubis, 3⅜ in.; the transverse, 4½ in.; the pubic bones, being approximated, measured across at their junction with the ilium, exactly 1 in., and from this point



backwards to the promontory of the sacrum 2½ in., which represents the space available for the passage of the head. The preceding diagram may assist in explaining these dimensions. The outlet of the pelvis presented the follow-



ing appearances and measurements:—The rami of ischia and pubes were closely approximated, and the tuberosities of the ischia were only separated to the extent of 1½ in. at their greatest point of divergence; from tip of coccyx to symphysis pubis, 3½ in.; and from tip of coccyx to an imaginary line drawn from one tuber ischii to the other, 1½ in.; and this measurement represents the available space for working with instruments at the pelvic outlet. The second diagram may assist in illustrating these dimensions.

On reconsidering this case, it seems to me that what I may call the double deformity—that is, of the brim and outlet—constituted the great difficulty in attempting delivery *per vias naturales*. If the head could have entered the pelvis, it would have been possible to have extracted the fœtus piecemeal through the small outlet. On the other hand, a larger outlet would have permitted the application of instruments to the head above the pelvic brim. But the combination of difficulties rendered it impossible to use instruments with safety to the mother, inasmuch as the hand or fingers could not be introduced to guide them; moreover, it was impossible to make out the presentation by the usual means.

Ellesmere, February, 1870.

REMARKS IN REFERENCE TO

THE PRESENCE OF FAT AND ABSENCE OF ATTENUATION OF THE INTESTINES IN THE BODY OF SARAH JACOB,

THE "WELSH FASTING GIRL."

BY ROBERT FOWLER, M.D.

BOTH during the magisterial investigation at Llandyssil last March, and now again at the trial of the parents for manslaughter at the Carmarthenshire Summer Assizes, one of the points of the defence was that Sarah Jacob could not have possibly died of starvation, because after death was found "a thick layer of fat from half an inch on the thorax to one inch on the lower portion of the abdomen," and that also there was no attenuation or thinning of the coats of the intestines.

Being subpœnaed by the Crown as an independent medical witness, I did not hesitate from the very first to express my opinion that the presence of the fat and the absence of the thinning were not only not inconsistent with, but were in fact to be expected in, the case of a young "plump" girl who dies on the eighth day after the complete deprivation of all solid and liquid food.

My opinion was not again asked by the counsel for the defence at the trial last week at Carmarthen; Mr. James Thomas, Newcastle-Emlyn, one of the gentlemen who conducted the post-mortem inquiry, on cross-examination, very pointedly and logically supported, however, my previous assertions. On summing up, the judge (Hon. Sir James Hannen, Knt.) ably and aptly also refuted this part of the theory for the defence.

I. The more or less complete absorption of fat in a case of acute (or, as the judge naïvely called it, "absolute") starvation in man would appear to mainly depend on two elements: (1) The amount of fat previously existent in the body; (2) The duration of time from the commencement of starvation till death.

(1) Sarah Jacob was a "plump," fat child. A medical man who saw her early in 1869 writes me that her temporal fossæ were then bulging with fat. She had, therefore, of course, some way or other been sufficiently fed up to Dec. 9th, 1869, when she was suddenly deprived of all liquid and solid food. This sudden and *absolute deprivation* for a definite time, in a previously sufficiently fed person, constitutes the case as one of *acute* starvation. From various diseases, and during a general famine, we get cases of *chronic* starvation, implying an *insufficient* supply of food up even to the very death, which may be weeks or months before its actual occurrence.

Sarah Jacob was never put on the weighing machine either immediately before or during the last eight days of her life. It is consequently impossible to accurately estimate her *relative* emaciation. She did, however, emaciate.

The "sunken eyes and cheeks" and "pinched nose" were produced by the absorption of fat and fluids from the cavities of the orbits and the neighbouring parts. Mr. James Thomas produced also at the trial important evidence of absorption of fat in the description he gave of the patchy distribution of the fat in the omentum.

(2) Where in recorded cases great emaciation is spoken of as a symptom of starvation, it is invariably after a much longer time than eight days of deprivation of food. Of the recorded cases where the duration of starvation is alluded to, and of which I have carefully examined the details, there are only three or four analogous, as regards time, to the case of Sarah Jacob.

(*a*) Casper's case continued ten days without death, and the only allusion made to emaciation is, that "on the fifth day his features were somewhat collapsed," and "on the seventh he was evidently becoming thinner."

(*b*) In the case of Guillaume Granet, recorded by Guy in his Forensic Medicine, it is stated: "For the first *seven* days the symptoms were not very remarkable."

(*c*) In the case of eight men and one boy (mentioned by Taylor as being) eight days in a coal-pit, it appears, on reference to the details in the *Medical Gazette*, 1835–6, that, although "excessive weakness" is spoken of, no allusion whatever is made to "emaciation."

(*d*) A case of voluntary starvation is recorded in the *British Medical Journal* of April 16th, 1870, by Mr. Lingen, of Hereford. A "thin spare man" lived ten days without solid or liquid food. On the sixth day he was "up, dressed, and at his business." Of course even a "*thin* spare man" can become *thinner*; but, in answer to a question from me, Mr. Lingen kindly writes: "The emaciation was not excessive by any means."

(*e*) Dr. Martyn, in the *Medical Times and Gazette* of March 30th, 1861, says:—"Haller ("Opuscula Path.") examined the body of a suicide where fat an inch deep was found in the omentum." The duration of the deprivation of food is, however, not mentioned, and Dr. Martyn suspects it is not an uncomplicated case.

II. Attenuation, or thinning of the coats of the intestines, is not peculiar to death by starvation. It is found almost always in death from long-continued wasting diseases.

As a matter of fact (omitting the Irish famine cases) it is mentioned but once only in the recorded cases I have alluded to of death from actual starvation. That one case (Regina *v.* Mitchell, tried at the Oxford Lent Assizes, 1861) was proved to be a case of disease.

Casper, quoting the Irish famine cases, very hastily and improperly asserts that "attenuation of the coats of the intestines" is the one "specific cadaveric phenomenon pertaining to death from starvation." He apparently for the moment forgets the distinction he has, four pages before, drawn between acute and chronic starvation. He evidently committed himself to the assertion without carefully considering Dr. Donovan's premisses and deductions.

On referring to Dr. Donovan's paper in the *Dublin Medical Press* of February 2nd, 1848, I find that he calls his cases "famine cachexia, or *lingering* starvation"; and adds, "Even the majority of those who perished of starvation were able to provide some food, which preserved life until exposure to cold or some other accidental cause extinguished the faint spark."

Despite the alleged specificity of the phenomenon in question, it nevertheless appears that in the post-mortem account of the two fatal cases (one evidently an *acute* case) observed by Casper himself, the existence of attenuation is not even alluded to.

The following extracts from a very complete letter to me by Dr. Donovan form a fitting reply to the reliance of the counsel on this one point in his defence of Hannah Jacob:—

"I agree with you in thinking that the case of the Welsh fasting girl is not analogous to those I was familiar with in 1847–48.....From my experience, where the persons were corpulent during lifetime, deposit of fat may be found in the abdomen, and the intestines not much changed from their normal state (on post-mortem examination), although they had died of actual want. The cases with which I have been most familiar were ones of lingering starvation, the supply of food having been insufficient for months; but in every instance they contrived to obtain casually some indigestible substance, such as raw cabbage, turnip, &c. In such cases, as was naturally to be expected, there was a gradual absorption of fat, with atrophy, and attenuation of the intestines."

Had Sarah Jacob been able to have got access to water, her life would have undoubtedly been prolonged, and the emaciation would have daily become more perceptible; whilst after death less fat, and possibly some alteration in the appearance of the intestines, would have been discovered. In strict logic, therefore, Sarah Jacob died on the eighth day of starvation from want of, or because she had no, water.

That she did not die from "mental shock" appears evident from the following facts:—

(*a*) The previous watching by four watchmen, who were constantly with her fourteen days and nights—from the 22nd of March to the 5th of April, 1869,—produced no such symptoms or effects as soon became apparent during the last watching.

(*b*) The presence of the nurses, several medical men, and other persons in the room on the afternoon of Dec. 9th, 1869, when the last watching commenced, produced no symptoms of "shock," nor serious alteration of the pulse. The certificate of health, signed on that day by two of the medical gentlemen, states that the pulse was regular, averaging 86 per minute.

(*c*) The depressing influence of four strange nurses would be expected to show itself almost immediately. The sleep was, however, natural the first night of their presence. The girl soon became very much attached to the nurses, whose tact and kindness were undoubtedly mainly instrumental in keeping off the so-called "fits."

(*d*) The detailed symptoms of the last eight days were clearly those of progressive *physical* exhaustion, commingling with, and in a measure masked though never overpowered by, the symptoms indicative of a morbidly, or otherwise, perverted will. One of the aphorisms of Hippocrates says, that when a person in health abstains from food for seven days, even though he received nourishment at the end of that period, he never survives; and that thirst, not hunger, is the most distressing symptom.

Should my other avocations permit, I will take an early opportunity of placing the whole history of Sarah Jacob in a more complete form before the profession and the public, to both of whom I should be extremely obliged for any additional details of this medically and legally interesting case.

The following epitome of recorded cases of starvation will, I am sure, contribute much to the value of the remarks I have made:—

1. *Case of Starvation for Ten Days without Death.*—On the fifth day, "features somewhat collapsed." No hunger; no thirst. On the sixth day made "to take a few drops of sp. æthereus." On the seventh day, "evidently becoming thinner." On the ninth and tenth days, "from absolute necessity, took about six ounces of sugar and water."—(Casper's Forensic Medicine, vol. ii., p. 29, New Syd. Soc. transl.)

2. *Actual Death from Starvation.*—Duration not stated. "The body much emaciated." Intestines *contracted* and empty. *Attenuation not mentioned.*—(Ibid., p. 33.)

3. *Death from protracted Starvation.*—Duration not stated. Body very emaciated; entire absence of fat. Large intestines *much contracted. Attenuation not mentioned.*—(Ib., p. 36.)

4. *Guillaume Granet, a Prisoner at Toulouse.*—"For the first *seven* days the symptoms were not very remarkable." After this period he was compelled to drink water occasionally. Died on the fifty-eighth day, in convulsions.—(Guy's Forensic Medicine, 3rd edit., p. 329.)

5. *Shipwreck on Calcutta Coast.*—Ten out of thirteen men escaped and recovered, after being twelve days without food or water. No mention made of *rain* water.—(Ibid.)

6. *Captain Casey, of the "Jane Lowden."*—Of the crew, one survived eleven days, one twelve, one fourteen, two fifteen, one eighteen, and the captain twenty-eight days. When picked up, the captain was "pale and thin"; he sustained life "by drinking as much rain as he could collect by tying his cravat round the mast, and, when it became drenched, sucking it." (Ibid., p. 329; *The Times*, Feb. 6th, 1866.)

7. *Mark Cornish.*—Death after insufficient food and ill-treatment for about three months. Had food and water night before death. Extreme general emaciation. *Attenua-*

tion not alluded to. (Guy, op. cit., p. 330; *Morning Chronicle*, Feb. 26th, 1853.)

8. *Elizabeth Canning.*—Lived (?) eighteen days, in depth of winter, on a gallon of water, a quartern loaf, and a small mince pie. "Languid and reduced state." "Appeared like one who had suffered extreme hunger, thirst, and cold." (Guy, op. cit., p. 330; Dr. Cummin's Lectures, *Med. Gaz.*, vol. xix., p. 209, Nov. 12th, 1836.)

9. *Prisoners at Millbank.*—Two men and one woman. Complete abstinence from solid food, but free access to water. *No bad symptoms.* By no means exhausted. (Guy, op. cit., p. 330.)

10. *Two children Aspinall.* — Death from insufficient food. Duration not stated. Extreme emaciation. Scarcely a trace of fat. *Attenuation not alluded to.* (Taylor's Principles and Practice of Medical Jurisprudence, p. 745; Proceedings of the Liverpool Medical Society, 1855–56.)

11. *Irish Famine Cases.*—Called by Dr. Donovan in his paper "famine cachexia, or *lingering* starvation." *Attenuation of coats of intestine regarded as strongest proof of starvation.* "On one occasion (at an inquest) I was able to recognise a portion of green cabbage in the duodenum of a man who died of want." *Diarrhœa* a frequent symptom in these cases. *Vide* extracts (in text above) from paper and letter of Dr. Donovan.—(Taylor, op. cit., p. 743; Dr. Daniel Donovan, of Skibbereen, Co. Cork; *Dublin Medical Press*, Feb. 2nd, 1848, p. 67.)

12. *Regina versus Pryke.*—Insufficient food and maltreatment. Death from ulceration of intestines. *Attenuation not alluded to.*—(Taylor, op. cit., p. 746. *The Times*, July 22nd, 1840: Chelmsford Summer Assizes.)

13. *Regina versus Mitchell.*—Insufficient food. *Case of muco-enteritis.* Previous diarrhœa; emaciation. *Intestines thin and transparent in parts.*—(Taylor, op. cit., p. 746. THE LANCET, 1861: Oxford Lent Assizes.)

14. *Case of Voluntary Starvation.*—Death on the tenth day. No post-mortem examination. Pulse increased in frequency as he became feebler; he appeared thirsty, and his animal heat was sustained with difficulty. *Vide* extracts (in text above) from paper and letter.—(*Brit. Med. Jour.*, April 16th, 1870, p. 384; Chas. Lingen, Esq., of Hereford.)

15. *Cases of long-continued absence of food.*—(*a*) Hysterical vomiting and abstinence for eleven months. Friction with cod-liver oil, and draughts of cold water and ice. Enemata as long as borne. "A living skeleton." "No bed-sores." No post-mortem examination. (*b*) Case of lethargy and abstinence; "without food for twenty-six weeks"! Olive oil inunction. Lips moistened. *Great emaciation.* Recovered. (*Brit. Med. Jour.*, May 28th, 1870: Dr. Henry Barber, Ulverston.)

16. *Haller's case* ("*Opuscula Path.*")—"A suicide where fat an inch deep was found in the omentum." See extract (in text above) from paper. (Dr. Martyn: *Med. Times and Gaz.*, March 30th, 1861, p. 344.)

17. *Dr. Sloan's case.*—Twenty-three days in a coal-pit. Access to water for first ten days. After ten days, unable to walk. Extreme emaciation. Intestines collapsed; *otherwise normal. Attenuation not alluded to.* (Taylor, op. cit., p. 743; *Med. Gaz.*, vol. xvii. 1835–36, pp. 264 and 389.)

18. *Thornhill's cases.*—Eight men and one boy eight days in a coal-pit. Access to dripping water. Excessive weakness. All recovered. *Emaciation not alluded to.* (Taylor, op. cit., p. 744; *Med. Gaz.*, vol. xvii. 1835–36, p. 389.)

19. *Tomkin's case.*—A destitute and exhausted man shut up for two days, and then found dead. Emaciation. *Attenuation not mentioned.* (Taylor, op. cit., p. 745; THE LANCET, March 17th, 1832, p. 903.)

Bishopsgate Without, July 19th, 1870.

THE HEAT AND DROUGHT.—The "Pall Mall Gazette" observes: "During the present hot weather the sufferings endured by animals deserve more consideration than is generally bestowed upon them. Horses must suffer intensely. To say nothing of those who are expected to drag heavy carts and omnibuses over dusty roads with the same facility in hot and cold weather, the unfortunate animals who are shut up in crowded and ill-ventilated stables must suffer greatly. And then, again, there are 'chained-up' dogs whose sufferings must be appalling. No one ever thinks of putting a kennel in the shade; and to be chained in the full glare of a pitiless sun to a kennel which gives no protection from its rays must be a positive torture."

AFFECTIONS OF THE THROAT AND LARYNX.

BY A. T. NORTON, F.R.C.S.,

ASSISTANT-SURGEON, AND SURGEON IN CHARGE OF THROAT AFFECTIONS, ST. MARY'S HOSPITAL.

(*Continued from page* 116.)

AFFECTIONS RECOGNISED WITH THE AID OF THE LARYNGOSCOPE.

Catarrh of the Larynx.

IN cases of this affection the usual symptoms of cold were present—sneezing and excess of mucous secretion, general feeling of cold, and constipation of the bowels. The voice was of a whispering character, and spasmodically inarticulate. There was no pain, no soreness of the throat, nor, as a rule, was there any cough. But there was a constant desire to clear the throat, and after each attempt there still remained the sensation of something adhering to the vocal apparatus.

An examination with the laryngoscope showed a slight inflammatory condition of the larynx. The mucous membrane over the arytenoid cartilages was of a deeper hue, and so also was that over the false cords. The true cords had lost their whiteness, and in some instances were distinctly reddened. A thick secretion adhered to all parts of the larynx, and formed shreds across the rima glottidis as the true cords separated from each other. These symptoms had not been of long duration before the patients applied to the hospital for relief, and they were readily amenable to treatment. Patients suffering from this affection remained under treatment for a few days only.

The treatment was commenced by a purge, the larynx was washed with a solution of chloride of zinc (a drachm to an ounce), and hot medicated inhalations of creasote or tincture of iodine were ordered to be practised four or five times a day. The inhalation of tincture of iodine (two drachms in four ounces of water) was in two cases followed by an almost immediate return of the voice; but the relief was only temporary, as the aphonia again returned after a few hours. Still, a repetition of the inhalation was as beneficial as before.

Chronic Laryngitis.

Under the term chronic laryngitis were included all cases in which aphonia, or deviation from the natural form of the voice, had existed for more than three weeks, and in which a general inflammatory condition was present within the larynx. The character of the voice was somewhat different in different cases. In some it was like an ordinary whisper, and in others of a dry, metallic, ringing sound.

In some cases there was a decided dryness of the throat, accompanied by a tickling sensation, with a constant, irritable, dry, hacking cough; in others there was a constant desire to clear the throat of a viscid adherent mucus.

Constitutional symptoms were absent, with the exception of those cases in which the affection was sequent upon bronchitis or phthisis. Patients with this affection were therefore able to continue their ordinary avocation.

An examination with the laryngoscope exhibited a general discoloration of the entire larynx. The arytenoid cartilages, cartilages of Santorini, false and true cords, all had the appearance of congestion. In several instances the mucous membrane over the cartilages, and over the false cords, was considerably thickened. The false cords, therefore, occupied a greater amount of space than was compatible with the resonance of the voice, and during articulation approximated each other so closely that all pitch of the voice was entirely prevented.

The treatment adopted in these cases was variable. In those in which syphilis was or had been present, iodide of potassium was resorted to. In all the larynx was brushed with a strong stimulant—nitrate of silver (one scruple to the ounce) or chloride of zinc (half a drachm to the ounce); or, in place of the brush, the application was thrown into the larynx with a rose-syringe. A blister, the size of a half-crown, was applied to the neck in the neighbourhood of the thyroid cartilage. Medicated inhalations of creasote or

tincture of iodine were ordered to be used frequently; and in those cases in which a viscid mucus clogged the larynx, small doses of ipecacuanha were administered.

E. D——, aged twenty-three, a porter, had suffered from hoarseness for over three weeks, and from entire aphonia for a fortnight. He complained of no pain, but of an inability to clear the throat. The laryngoscope showed general congestion of the larynx. The hospital preparation—compound squill mixture, with ten minims of ipecacuanha wine, was ordered three times a day. A blister was applied to the neck, and the larynx was brushed with the chloride of zinc. In a fortnight the voice had returned; but as he complained of loss of appetite and general debility, a tonic was ordered, and he remained under treatment for a fortnight longer.

M. S——, aged thirty-five, unmarried, had lost her voice for five weeks. She stated that when her voice first went she suffered from acute pain in the throat, but that latterly there had been no pain whatever. She complained of constant cough. With the laryngoscope the cords as well as the adjacent parts were seen to be deeply reddened. A creasote inhalation was ordered, and the compound ointment of iodine was applied to the neck. The larynx was brushed with the chloride of zinc. On the following week there was no improvement whatever; a blister was therefore ordered to the neck; the application to the larynx was continued, and, as the patient complained of want of rest, Dover's powder was given at bedtime. At her next visit there was decided improvement in the voice; the treatment was continued. At the following visit her voice was very greatly improved, but the cough remained troublesome; a stimulating plaster, six inches square, was therefore applied to the chest, and a mixture of squills was ordered. She was under treatment seven weeks, and then discharged cured.

Mary P——, married, had suffered from bronchitis for several years. She applied to the hospital with aphonia and with a constant cough. With the laryngoscope the true cords were seen to be of a pink colour, but the rest of the larynx was of a deep congestive hue. The true cords were not readily approximated during articulation, but the false cords fell together. Squill mixture was ordered for the cough, and a solution of nitrate of silver was applied to the interior of the larynx. Each local application was immediately followed by a temporary improvement of the voice. The patient remained under treatment for four months, during which time blisters were applied, inhalations of tincture of iodine and of creasote were used, and solutions of nitrate of silver, chloride of zinc, and muriate of iron were locally applied, all with a marked temporary relief, but with a rapid recurrence of the symptoms. The patient now left London for Dover, at which place she remained for three weeks. On her return, she stated that her voice had been more distinct whilst away from London, but that it was now as bad as it had been hitherto. A strengthening plaster was now ordered, to cover the whole chest; and the patient was made to respire a spray of the chloride of zinc solution. Finally, galvanism was resorted to. After the galvanism there was no immediate improvement, but on the following day the voice was considerably stronger. Within a few days after the second application of the galvanism the voice had returned to its normal character. This patient, who still suffers from bronchitis, and whose voice continues to become indistinct at times, especially in damp weather, yet occasionally visits the hospital.

(To be concluded.)

HYDRATE OF CHLORAL IN PUERPERAL EPILEPTIC CONVULSIONS.

By A. C. CAMPBELL, M.B., L.R.C.S.E.

THE following case may prove interesting at a time when the effects of chloral in the complications of obstetric practice are being tested.

On Sunday, June 19th, at 4.30 A.M., I was called to attend a Mrs. J——, aged twenty-eight, primipara, at her full time. A midwife had been with her from 8 P.M. the previous night, but labour had not commenced until 1.30 A.M. Along with the first labour pains a very severe epileptic convulsion made its appearance, the paroxysm recurring every half hour, at the commencement of each labour pain, and leaving the patient perfectly unconscious during the intervals.

On examination I found the os uteri dilated to about the size of a sixpence. The convulsions appeared to be more asthenic than sthenic, the patient looking rather exsanguined, with pulse weak and irregular; face, hands, and legs œdematous, and urine slightly albuminous.

I at once ordered a few leeches to be applied to the temples, but without having the slightest effect.

At 5.30 A.M., the convulsions still continuing at the same regular intervals, I gave her the following draught:—Forty grains of hydrate of chloral; one drachm and a half of tincture of oranges; two drachms of syrup; water to an ounce and a half. No return of the convulsions. Pains increased both in strength and frequency, and she remained insensible and quiet, only being slightly aroused by the pains.

At 8.30 A.M. a child was still-born, it having from all appearances been dead for some days.

9.30 A.M.: Left her sleeping soundly, having no knowledge of a child having been born.

5 P.M.: I was asked again to visit her, the convulsions having recurred with more or less severity about every fifteen minutes, along with the after-pains, since 11.30 A.M., or about three hours after the child was born. Thirty grains of chloral having been administered, she was asleep within twenty minutes.

20th.—11.30 A.M.: Slept well all night; no return of convulsions. Complains of severe headache, but is quite sensible. This was the first time she had appeared conscious since labour had commenced. Slight œdema of face and legs. No albumen in urine. Ordered an ounce of castor-oil.

21st.—No return of convulsions. Complains of very severe headache. Ordered a blister to be applied to the temple.

22nd.—Headache relieved; had a good night; œdema disappeared.

She made a good recovery.

Dundee, July 12th, 1870.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium

UNIVERSITY COLLEGE HOSPITAL.

(SKIN DEPARTMENT.)

CLINICAL REMARKS ON PRURIGO.

(By Dr. TILBURY FOX.)

IN the course of one of his usual Friday demonstrations, Dr. Tilbury Fox remarked:—"A good deal that is unclinical has been written of late about prurigo, and I am anxious that you should be on your guard about it. You must make a clear distinction between 'prurigo,' phtheiriasis or lousiness, and what is termed a 'pruriginous eruption.' The term 'prurigo,' as generally and loosely used in England, includes these several but very distinct conditions. Now any pimple that has been scratched, and which is covered at its apex with a dark scale formed by dried blood, is said to be 'pruriginous.' Pimples that become pruriginous are not of one kind only, but (and this is certainly lost sight of, it seems to me) of different kinds: for instance, erected and congested follicles, papules formed by deposit of lymph (lichen), papules formed out of wheals, &c.—any pimple, in fact, when scratched, may become pruriginous; hence we have pruriginous eczema and the like, the erected and congested follicles resulting from the inflammation and lasting congestion being altered by scratching so as to resemble

those of prurigo. In true prurigo the characteristic feature is the development of solid papules, due to deposit of lymph in the skin, and accompanied by severe irritation of varying kind. These papules are primary; they are not caused by pediculi, but they are altered by scratching so as to present the aspect of 'pruriginous' papules; and, as a part consequence of scratching, other 'pruriginous' papules, originating in erected and congested follicles, are present. In the case of 'phtheiriasis' due to pediculi, the primary pathognomonic lesion is a minute hæmorrhage, not a papule. There seems to be great ignorance as to the anatomy of the pediculus. It is thought to possess jaws, and to bite freely; and certain of the wounds seen on the skin are regarded as having been produced by the bites of the pediculus. This is all a mistake. Prof. Schjödte has clearly shown that the pediculus is furnished with a peculiar sucking apparatus. The mouth is furnished with a labium, capable of being retracted into the upper part of the head. This lip is first inserted into a sweat-pore, and is then protruded. A row of hooks then hold to the parts around, and two pairs of setæ are next protruded and applied together so as to form a tube. When the pediculus is sucking, soon a red speck is seen at the top of the head, which exhibits dilatation and contraction; and this red coloration is traced presently into and along the œsophagus and the intestines, which latter are seen to be in lively peristaltic action. The effect of the attack of the pediculus is to cause a little escape of blood into the follicle; and it appears as a minute and, at first, bright red speck, the size of a couple of pin points—not *raised*, not itchy, and not removable by pressure. Occasionally some swelling takes place; but this quickly subsides. This lesion differs altogether from a scratched follicle; and I regard it as quite characteristic of the attack of the pediculus. This is Schjötde's representation of the mouth of the pediculus. (See figure.) I have often shown

a, The top of the head.

b, Bands of chitine to give strength.

c, The hind part of the lower lip.

d, The protruding part of the lower lip or haustellum.

e, The hooks.

f, The suction-tube, formed by the apposition of the representatives of the jaws.

A few blood-globules are seen.

to you the hæmorrhagic speck induced by the louse, and you will see it very plainly in the patients now before you. But there are accidental features in phtheiriasis; and these result entirely from the scratching to relieve the irritation set up—scratched congested follicles and papules, urticaria, ecthymatous pustules, &c. The same are seen in scabies, superadded, as the result of scratching, to the essential features of the disease—viz., the acarus in its cuniculus.

"If it be asked, then, what does the pediculus do, I reply, prefer uncleanly and ill-nourished surfaces; injure the skin by projecting its haustellum into the follicles, and drawing away blood, leaving behind a minute hæmorrhage, and then sets up irritation, and gives rise, through the scratching practised to relieve the latter, to urticaria, eczema, ecthyma, congested and erected follicles. These latter are the common results of scratching under varied circumstances. Always recollect this fact. The production of minute traumatic hæmorrhagic specks, not the result of any alteration in pre-existing papules or excoriations, and not dependent upon scratching, is the essential and peculiar effect of the attack of pediculi; the pathognomonic sign of phtheiriasis. Hebra and I agree that true prurigo is quite distinct from phtheiriasis, and has nought to do with pediculi. We have had ample evidence of this during the last three months. And now let us go to the cases present to illustrate these several points."

ST. GEORGE'S HOSPITAL.

HIGH TEMPERATURE IN TWO FATAL CASES OF ACUTE RHEUMATISM.

(Under the care of Dr. BARCLAY.)

FOR the following notes we are indebted to Dr. Cavafy, medical registrar to the hospital:—

Mary D——, aged twenty-three, was admitted into St. George's Hospital on June 10th, suffering from a moderately severe attack of acute rheumatism. There was quick cardiac action, but no abnormal sound or precordial pain. She went on favourably for the first two days after her admission, but on June 13th, at about 6 P.M., she complained quite suddenly of acute pain in the head, and an hour later became delirious and noisy, and rapidly sank. Death occurred soon after nine o'clock, three hours from the first appearance of head symptoms. Half an hour after death the temperature of the body was found to be 110°F., and next morning, about twelve hours later, as high as 94°. The weather at the time was extremely hot.

At the post-mortem, which was made by Dr. Whipham, seventeen hours after death, the heart was found uncontracted, and contained a small decolorised clot in the right ventricle; the other cavities were empty. On the anterior surface of the heart the visceral pericardium was found spotted with numerous minute ecchymoses. The structure of the heart was soft, and the microscope showed slight fatty granulation in some of the fibres. There were a few ecchymotic patches at the cardiac end of the stomach. The blood was very fluid, and the brain and membranes quite normal in appearance.

A similar case may be here alluded to shortly, of which full details will be published later. Ellen E——, aged twenty-four, was admitted, under Dr. Ogle, with her third attack of acute rheumatism, on June 15th. She went on well till the 19th, when she was rather suddenly seized with dyspnœa and vomiting. The vomiting became almost incessant, and she sank and died next day. A short time before death the temperature was 110·8°.

The post-mortem showed only an uncontracted, empty heart, fluid blood, and a diffluent spleen. No ecchymoses were found.

"DREADNOUGHT" HOSPITAL.

FUNGOUS DISEASE OF THE TESTICLE, ASSOCIATED WITH DEPOSITS OF ENCEPHALOID CANCER IN THE LIVER; SUDDEN DEATH.

(Under the care of Mr. ROOKE.)

THE following case presents many points of great interest in the progress and extensive ulceration of the scrotal tumour, the rapid advance of the hepatic disease after evolution, the absence of jaundice notwithstanding the amount of cancerous deposit in the liver, the sudden death of the patient, and the healthy condition of the lymphatic glands.

Andrew L——, a pallid and cachectic-looking Norwegian, was admitted on July 16th, 1869, to be treated for an enlargement of the testicle of seven months' standing. The left organ was of the size and shape of a goose's egg, free from pain except on very firm pressure, and perfectly smooth and regular at its surface. The body of the testis seemed to be chiefly affected. The skin of the scrotum covering the tumour was pale and normal, though somewhat stretched, and was not adherent. There was no history of previous injury to the scrotum, and no external signs of constitutional syphilis could be made out. The left spermatic cord was somewhat thickened, but there was no fulness in the inguinal region. The patient stated that his health had always been good, and that the only inconvenience from the tumour was its great size and weight. The growth remained in a quiescent state for six weeks after the man's admission, but early in the month of September the swelling increased in size, and became painful, and the scrotum was reddened and inflamed. These symptoms rapidly increased in intensity, and were followed by perforation of the front of the scrotum at several points, by sloughing of the tunica albuginea, and by the elimination of a large gangrenous mass representing almost the whole of the diseased testicle. During these changes the health of the patient was but slightly affected; and, beyond considerable thickening of the spermatic cord, no secondary changes were presented. The large cavity formed by the removal of the diseased testicle was soon filled by luxuriant and rapidly-growing masses of granulation, which protruded in front of the scrotum, and formed a well-marked malignant fungus.

On October 21st, after the inflammatory symptoms arising from the extensive ulceration of the tunica albuginea had passed away, the remains of the diseased testicle and the fungous protrusion were removed. The thickened cord was divided as close as possible to the external abdominal ring. The wound healed rapidly after the operation, and in the course of two weeks the thickening at the stump of the cord, and the œdema of the surrounding parts, had disappeared.

The patient progressed favourably up to the third week in November, when he began to complain of debility and of severe intermittent pain in the lumbar region, and in the right side. On percussion of the abdomen, there was marked dulness over the right hypochondrium and the whole of the epigastric region extending to below the umbilicus.

The chief symptoms manifested during the next three weeks were these: severe pain in the back and abdomen, great debility, anæmia, obstinate constipation, and a slight posterior curvature of the lower dorsal vertebræ when the man was erect. The temperature varied but slightly from day to day, and was usually at 98·2° Fahr.

For the first five days in December the pain in the back was much relieved, and the patient was able to sleep well at night. On Monday, the 6th, there was no change during the morning; but at 6.30 P.M. the patient, after a sudden movement in bed, complained of acute pain across the epigastric region. This was immediately followed by intense collapse, and, at the end of five minutes, by death.

At the post-mortem examination, made forty hours after death, all the viscera, with the exception of the liver and the left kidney, were found perfectly healthy. The peritoneal cavity contained about a pint and a half of a thick and dark-red fluid, apparently blood mixed with serum. The liver extended across the epigastrium to the left hypochondrium, and compressed the spleen, and its anterior margin reached to the level of the umbilicus. The surface of the liver was studded by very numerous circular deposits of material, having a soft consistence, and of a white colour mottled with pink and dark-red patches. These deposits varied very much in size, and were not very prominent above the surface of the liver. Many were marked at the centre of the peritoneal surfaces by a small but distinct depression. The liver, on section, was found to contain in all parts innumerable deposits of a similar character, varying from the size of a pin's head to that of a pigeon's egg. Each deposit, at its periphery, was in direct contact with the hepatic tissue. The white brain-like material, when examined under the microscope, presented the character of encephaloid cancer. The liver tissue was pale and fatty, and here and there, at the peritoneal surface of the organ, were patches of congestion. At its upper and posterior parts the liver was bound to the diaphragm by recent fibrous adhesions, and by its under surface to the stomach and intestines. The diaphragm contained some mucous deposits, but the surface of the stomach was not involved. The weight of the liver was fourteen pounds and a half. The left kidney contained a small abscess in its upper half. The iliac and lumbar glands were carefully examined, but no trace of disease could be found. The peritoneum covering the upper surface, and the anterior margin of the liver, were found intact on opening the abdomen; but in consequence of the great weight of the organ, and the extreme softness of the cancerous deposits, that covering the under surface was ruptured at several places during the removal of the abdominal viscera. It seems probable, however, that the peritoneum covering one or more of the cancerous deposits at the surface of the liver had been ruptured during life, and that hæmorrhage into the peritoneal cavity had caused the sudden collapse, and the speedy death of the patient.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 6TH, 1870.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

DR. BARNES exhibited an improved Anti-hæmorrhagic Case, prepared by Krohne and Sesemann. It contained a Higginson's syringe, three cervical caoutchouc dilators, a uterine tube, perchloride of iron, permanganate of potash, and ergot. The improvements consisted, first, in making the uterine tube of vulcanite, in disposing the perforations at the uterine end, and in doing away with all metal in the apparatus; secondly, in substituting the solid perchloride of iron for the solution, thus obviating risk of injuring the instruments by leakage. The ergot is in powder: thus no fluid is contained in the case.

Dr. PROTHEROE SMITH exhibited his Exploring Needle Trocars. Since he first showed them in 1867 he had considerably improved the instrument, which consisted of hollow steel needles, gilt, adjusted to a powerful glass exhausting air syringe, or, as it had been called, "pneumatic aspirator." This, by means of a spring stop on the piston-rod and a double-action tap at its distal end, formed an air-pump, which enabled the operator easily to explore distant or deep-seated tumours, and to withdraw their contents, when fluid, without pain or wound more than that caused by a pin. He had found this instrument of the greatest use in the diagnosis of tumours, and in their treatment, since it enabled one, without shifting the needle, to introduce, by the same syringe, iodine or any other remedy into cysts. So slight is the irritation induced by the needles that they have been passed, without any untoward results, into the cavities of the pleura, the peritoneum, the bladder, &c. For the purpose of diagnosing solid tumours he observed that he had invented another trocar, which gave one the power to cut off at any given depth a pencil-shaped piece of any structure for microscopic or other examination.

Dr. BRAXTON HICKS exhibited a large Fibrous Tumour, which he had removed by enucleation from the anterior wall of the cervix and os uteri of a multipara, who had been in labour for twelve hours when he was called to her. The uterus was firmly contracted around the fœtus, and the child's head was at the brim of the pelvis, pressing against a firm tumour, which occupied the whole upper vagina, so as to render it difficult to reach the head. Delivery could not be accomplished by version, or by the use of the forceps; and it was believed that, under the circumstances, perforation was not likely to be more useful. A small incision was made with a bistoury into the lower portion of the tumour, and the opening was distended, and the tumour enucleated without any hæmorrhage. The child was born alive. The mother showed no evidence of shock.

Dr. J. J. PHILLIPS read a paper on a case of Prolapsus Uteri, which ended fatally soon after admission into Guy's Hospital, from the pressure of the procident uterus on the ureters, leading to their dilatation, and to suppuration of the kidneys. After referring to the anatomical connexion

of the neck of the uterus and the vagina with the bladder, he pointed out that urine might be retained in a prolapsed pouch of bladder, and lead not only to inflammation of its mucous lining, but to the extension of that inflammation, and to death by pyelitis. Or the ureters, as they descended with the prolapsed bladder in the anterior portion of the hernial mass, under the pubic arch, were liable to be pressed upon, as in the case related. Probably the reason why the ureters escaped pressure in the great majority of cases was that the vaginal and vesical prolapse took place in a very gradual manner, and that the ureters became elongated and adapted to their altered position; and also that in most cases of procidentia not only was there a wide pubic arch, but also much laxity of the soft parts. Notwithstanding the extreme rarity of the case, such a complication of prolapsus uteri was not to be overlooked.

Dr. RASCH read a paper on "Air in the Vagina," and arrived at the following conclusions:—1. No air enters the vagina of a female placed on her back. 2. In the prone position the abdominal walls and the contents of the abdomen fall outwards and cause a diminished pressure in that cavity. If the vaginal orifice be open, air will enter, and so compress the expanded intestinal gases to their previous volume. 3. The force with which it enters, and, consequently, the quantity which distends, the vagina varies with the resistance offered by the abdominal walls to the gravitation and the degree of mobility of the viscera. 4. In replacing the female on her back, the abdominal walls and contents fall inwards, and expel the air again from the vagina. 5. Air will not enter the uterus unless distended by fœtus, hand, or instruments. 6. In the position on the back we have an efficient means of keeping the air out of the vagina and uterus, and so preventing the deleterious consequences ascribed to its action on the vaginal and uterine contents. 7. In abscesses communicating with the upper part of the vagina, this will be of equal importance.

Dr. HICKS could not entirely assent to the first proposition. If the uterus be prolapsed and the patient laid down, the uterus receded a certain distance upwards; if so, then, the vulva being open, air could enter.

Dr. ROUTH said the causes specified by the author were in action in *all* women. Why then was the disease so rare? A reversed semicircular action of certain mucous membranes was admitted; why should it not occur in the vagina? The kinometer showed vaginal inspiration and expulsion of fluid or gas in every woman. He had found this rare disease mostly in women of sedentary habits, not in those who presented the conditions most favourable to suction of air upwards into the vagina, such as cooks and charwomen, used to the stooping posture in scrubbing floors.

Dr. GERVIS said that Dr. Routh had overlooked the condition laid down as essential—namely, that in addition to the force of gravitation acting upon the abdominal viscera in the semi-prone position, the vaginal inlet must be open, and in stooping this condition was not necessarily fulfilled. He advocated the position on the back in post-partum hæmorrhage.

Dr. HEYWOOD SMITH referred to the rarity of the condition described by Dr. Rasch. Its presence is more frequent in cases where the upper part of the vagina has been rendered abnormal by any cicatrices, by any version of the uterus, or shortening of the cervix uteri.

After some remarks from the President and Dr. Murray, Dr. Rasch replied.

Dr. ROUTH read the particulars of a case of Bilocular Uterus, the true nature of which was made out, after some difficulty. The patient suffered from dysmenorrhœa, but was relieved by treatment.

Dr. ROGERS read the history of a case in which the uterus and the vagina were divided by a septum. The vaginal septum gave rise to great pain *in coitu*, which necessitated its division.

Dr. WILLSHIRE remarked that this condition might explain some of the cases of super-fœtation.

Dr. PHILLIPS exhibited a Bifid Uterus, the division being indicated by a moderate notch.

The Society then adjourned to October.

THE sum of £20,000 has been given by the Maharajah of Vizianagram for the erection of a Medical College at Allahabad, to be called the "Alfred College."

Reviews and Notices of Books.

Traité d'Anatomie Topographique, comprenant les Principales Applications à la Pathologie et à la Médecine Opératoire. Atlas. Par V. PAULET, Professeur Agrégé au Val-de-Grâce; et J. SARAZIN, Médecin Major à l'Escadron des Cent Gardes de l'Empereur. Paris: V. Masson et Fils. 1867–70.

WE have in a previous review endeavoured to make the English reader conversant with the first part of the great work by MM. Paulet and Sarazin, and we have also intimated in our notices of current events that the learned authors have received, in recognition of their labours, one of the great prizes of the Academy of Sciences. We have now in our hands their completed work, and we are prepared at once to say that anything more complete has rarely reached our table. The authors are admirably matched, and so different is the value of their respective gifts that they can afford to rival each other without a tinge of jealousy. Paulet is the accomplished writer and describer with the pen of the subjects treated upon; Sarazin is the artist—the describer with the pencil—of the parts brought under description. Paulet's text extends to 1048 pages, and Sarazin's atlas to 88 plates in the first, and 56 in the second, volume; both run together in excellent measure, so that reference from the one to the other is an easy task.

In their first part the authors describe the region of the head, dividing it into two parts—the cranial and facial; next the trunk is considered in four chapters—on the neck, thorax, abdomen, and pelvis respectively; and, lastly, the extremities, superior and inferior, are taught. In the recent second part of the work the extremities form the whole subject-matter of the treatise and the atlas.

It is difficult, in studying the plates and text, to light upon any particular portion and select it as specially deserving of notice; for, in truth, all the work is equally good. But we open at the twentieth plate of the second volume, and turn to it and a few succeeding plates, as well as to the treatise where it bears on these same plates, and find an excellent specimen in point, if we may say so, of the plan of both treatise and atlas. Let us spend a few seconds over this part. It refers to the surgical anatomy of the hand.

Each plate measures 11 in. by 7 in. Plate 30 has on it a figure which shows the hand marked out in simple lines, indicating lines of incision for different surgical operations. Line 1 indicates the incision for amputation at the radio-carpal articulation; line 2 the first metacarpal articulation; line 3 the articulation of the four fingers at the first phalanges; line 4 the second phalanx of the finger; and line 5 the first phalanx of the finger. With the plate is a brief instruction to the surgeon, telling him the course of incision, the length, and general method of operative procedure.

Following this first and simple figure are thirteen others, depicting the dissected hand in various stages of dissection. In this way are portrayed the three portions of the palmar aponeuroses, the superior muscles of the palm and palmar arch; the deep palmar muscles; the muscles of the thumb, with the anterior ligament of the radio-carpal articulation, and the interossei palmares; the front view of the bony skeleton of the hand for showing articulations; the dorsal region of the hand, lined out for various surgical operations; the extensor tendons and superficial dorsal veins and nerves; the interossei dorsales and deep arteries; the posterior view of the bony skeleton of the hand for showing articulations; and four figures on one plate, indicating transverse sections of parts of the hand, with the first range of carpal bones, second range of carpal bones, and middle of the metacarpal bones.

We have spoken generally of the figures and plates. We

may say specially in respect to them that they are all not only drawn well, but are excellently coloured, so that each structure of the body is presented to the eye in its almost natural tint. If we had any desire to be critical, we might, perchance, express that the lines of some of the plates are rather hard, and that a little flexibility of outline, which is often well rendered in the work, would always be more agreeable to the eye. But this blemish, if it be one—for the mote may be ours—is atoned for by the fact that in many cases the hardness of line serves but to render anatomical definitions more perfectly striking and clear. We have also spoken in praise generally of the treatise; and were we again inclined to be critical, we could point out, possibly, some faults of detail. One of these, in the Preface, is, we think, conspicuous. It is where M. Paulet tells us he knows he has not written an agreeable book, and therefore consoles himself in dreaming that he has written a book that may perhaps be useful. Now, in truth, M. Paulet has written a book which in its way is both agreeable and useful; for he has relieved the dry detail of anatomical instruction by numerous practical lessons, descriptions, and suggestions, which are alike pleasing and fruitful.

The two eminent surgeon soldiers whose work we close, are, in the course of their vocation, at this moment in the din and struggle and danger of active warfare. We need not express a word political in saying we congratulate France that she has in her army two such able representatives of the art of cure, amongst her hosts of representatives of the art of death. Podalirius and Machaon live again in our brother authors, for whom, with all our hearts, we pray that they may survive to return to those gentle labours of peace, one of which from their hands we have now reviewed.

OUR LIBRARY TABLE.

Quarterly Journal of Microscopical Science. No. XXXIX. July, 1870. Edited by E. LANKESTER, M.D., F.R.S., and E. RAY LANKESTER, B.A.—The present part of this journal, besides the usual chronicle of this branch of investigation, contains several papers worthy of notice. The first of these is an essay by Dr. Beale, in which he seeks to introduce the use of the term "bioplasm," which he considers may be henceforth used to express a living or germinal self-increasing matter of living being, and, if accepted, would possess a more limited application than "protoplasm," which has been employed by Professor Huxley and others to indicate, not only growing and living matter, but organic material which has once formed, and is again capable of forming, part of a living animal. There seems to be no objection to the term, and it will probably come into general use. Dr. Beale describes some of the various forms of bioplasm: as that of the amœba; that entering into the formation of mucus; embryonic bioplasm; the white corpuscles of the blood, &c.; and then passes to the consideration of its agency in disease. He claims to have noticed the formation of pus in the tissues external to the bloodvessels before Cohnheim, but explains the occurrence of the corpuscles as resulting, not from the escape of white corpuscles bodily through the vascular wall, but to the growth of minute masses of germinal matter—i.e., bioplasm—through the walls of the vessels and their subsequent growth; and he gives an ingenious scheme, by which he considers it probable the degradation of such bioplasmic masses as occur in the different infectious diseases may be explained. Dr. Macdonald contributes an account of the minute anatomy of some of the parts concerned in the function of the accommodation of the eye. Surely he must be in error in stating that the anterior elastic lamina, or Bowman's membrane, is considerably thicker than the posterior, or the membrane of Descemet. Mr. Caton gives a short paper on the best methods of studying transparent vascular tissues in living animals. Dr. Lankester gives the results of his observation on the migration of cells, especially amongst the lower animals; and there is a translation which will prove serviceable of Professor Stricker's studies on inflammation. Altogether the number is a very good one.

Notes of a Course of Nine Lectures on Light delivered at the Royal Institution of Great Britain in 1869. By JOHN TYNDALL, LL.D., F.R.S. London: Longmans. 1870.—Between Professor Tyndall on germs and the germ theory of disease and the same authority on light there is a wide difference. These lectures are very good, very clearly written, and preceded by a very modest sort of Preface.

Letts's Map of the Seat of War.—The name of Letts is generally connected, by members of the medical profession, with a superior form of diary used by them; but it may not be so widely known that Messrs. Letts, Son, and Co., are the publishers of a large number of good general and special maps. Their half-crown map of the Seat of War is excellent; and, as there are but few persons uninterested in the news of the lamentable struggle going on upon the Continent, we may expect that Messrs. Letts's map will sell as well as it deserves to do. A packet of indicating dots accompanies the map, by which the position and movements of the contending armies may be distinctly shown.

A System of Botanical Analysis appended to the Diagnosis of British Natural Orders, for the Use of Beginners. By W. HANDSEL GRIFFITHS, Ph.D. London: Wyman and Sons. 1870.—This is, we believe, an honest, and in some respects a successful, attempt on the part of the author to afford students commencing the study of botanical classification a simple and concise guide to the diagnosis of our British natural orders; but we are not by any means sure that the method will obtain favour among botanists. In the system adopted the orders are not in some cases arranged according to their natural affinities. As our author tells us, orders are placed in apposition which should be widely separated, and *vice versâ*. When the orders do not properly belong to the group under which they appear, they are printed in italics. Such a system adds to the evils inseparable from all methods of artificial analysis.

Notes of a Season at St. Moritz, in the Upper Engadine, and of a Visit to the Baths of Tarasp. By J. BURNEY YEO, M.B. Lond., Assistant-physician to King's College Hospital, and Lecturer on Animal Physiology in King's College, London. London: Longmans. 1870.—These "notes" are the result of an autumn vacation spent in the above localities. They contain a good deal of useful and interesting information of a medical, sanitary, botanical, and topographical character.

Climate and Consumption. By S. D. BIRD, M.D., L.R.C.P., Lecturer on Materia Medica and Therapeutics in the University of Melbourne, late President of the Medical Society of Victoria, &c. Melbourne: Stillwell and Knight. 1870.—This consists of the reprint of a paper read before the Medical Society of Victoria, April 6th, 1870. It is an explanation and defence of the views published by the author in 1863, on the influence of Australian climates on consumptive patients coming from Europe, and will repay perusal.

The Veterinarian's Pocket Remembrancer. By GEORGE ARMATAGE, M.R.C.V.S. London: Churchill. — This is an endeavour to supply memoranda for cases of emergency. It is written in the most concise style, and forms a small volume, easily carried in the pocket, ready for reference at any moment.

THE LANCET.

LONDON: SATURDAY, JULY 30, 1870.

THE Government will by this time have discovered that there is such a thing as the medical profession. There is nothing more remarkable in the whole history of the discussion of the amendment of the Medical Act of 1858 than the complete contempt which the Government has shown for the medical profession. The Government in its late Bill took everybody into consideration but the great medical body for whose efficiency and education it was trying to legislate. It considered the House of Lords, and the universities, and especially the University of London; and it greatly considered the corporations; but it did not consider that there was a great body of practitioners in the land, whose fees sustained the Medical Council and worked the Medical Act, and who were deeply interested in anything and everything done under the sanction of that Act. Not only did the Government at the beginning and in the drafting of its Bill not consider the medical profession, but throughout it refused to consider it. Lord DE GREY did not or would not see, down to the last, in the House of Lords, what the medical profession had to do in the Medical Council. The first sign of anything like a recognition of the existence of the profession was given late last week, when it began to show that it not only existed, but could influence votes in the House of Commons. We always maintained that the amendment of the Medical Act was a subject in regard to which members of the House of Commons would be guided by the medical profession. Who should know better than medical men what are the subtle causes that hinder the efficiency of the medical boards, which by their inefficiency bring scandal upon the medical profession itself? It was as we expected. Petitions poured in. Members were flooded with letters on the subject. Remarkable cases of large towns occurred in which almost every medical man had signed a petition against this Bill. Nearly every member one spoke to was wonderfully posted up on the subject, and indicated more or less clearly his intention to "vote with the doctors." The obtuse Government now began to perceive that it had not properly estimated the opposition it had to encounter. A few members of the House evinced great interest in the wishes of the profession. Amongst others, it is only fair to name Dr. LUSH, who, when the second reading was being rather furtively arranged for, gave notice of his determination to move the second reading that day six months. Mr. STEVENSON, the member for South Shields, was also quite ready to have taken the same step. Mr. GRAVES (the member for Liverpool), Dr. BREWER, Mr. DALRYMPLE, Mr. GORDON, Mr. BRADY, and others showed an earnest interest in the question of the constitution of the Council. These gentlemen, on the advice of Mr. GRAVES, met in one of the offices of the House, and conferred with a few medical men believed to represent medical opinion. The result of this conference was a determination to oppose the Bill, unless the Government would undertake to reintroduce the 18th Clause, and to support the alteration in the constitution of the General Medical Council. The Government, seeing the formidable opposition that was about to be made, kindly and condescendingly offered, through the above gentlemen, that if they would assist in passing the Government Bill through the House this year, and next year bring in a Bill to alter the Medical Council, the Government would—not support it, but—refer it to a Select Committee. The offer seemed suggested more with the view of getting this unfortunate Bill through Parliament than of meeting the views of the profession, and was promptly refused. And the Government, seeing the determination and extent of the opposition, on Monday night withdrew the Bill. It is said that the Government did this with great reluctance and regret. It must add to their regret to reflect that they have only themselves to blame, and that by their contemptuous bearing towards the profession alone has this Bill, after all the labour spent upon it, been lost. We can only lament that a Liberal Government, which, through its Home Secretary, declared itself to be "ambitious" of settling this question, acted so unworthily of itself, and lost so rare an opportunity of passing a measure greatly needed. While we do lament, however, we must be permitted to rejoice that the course we have throughout recommended, and the criticism which we have felt it right to express in regard to this measure, have been so powerfully endorsed by the whole medical profession, including the representatives of the British Medical Association; of whom, for his energy and clear-headed statement of the case for direct representation, Dr. WATERS, of Chester, deserves special mention.

We have only room now for one word in conclusion. This subject of medical reform cannot remain where it is. The existing system of licensing has been disparaged, and must be amended next year. It must now be abundantly evident to the Government that no amendment of the Medical Act can be satisfactory which does not embrace the one-portal principle, and which does not amend the constitution of the General Medical Council. We hope the same points are evident to the General Medical Council and to the medical corporations. They must see that the House of Commons is sympathetic with the profession in the matter of representation in the Council. There must be an end of the unseemly strife between the corporations and the profession on this point of representation. The profession has been abundantly respectful to its corporations: it is high time that the corporations showed some respect for the profession and a willingness to further its wishes. A few of the corporations, such as the Irish College of Surgeons and the King and Queen's College of Physicians, the Scotch Colleges, and the Glasgow Faculty, have shown their perception of the reasonableness of the claims of the profession. But there has been a lamentable want of feeling on the part of other corporations which shall be nameless, as it is now our only desire to harmonise all the forces in the profession to set this great question at rest, and to procure a Council independent of the Privy Council, and that shall yet command the confidence of the Crown, the public, and the profession.

CONTINUING the subject of Sexual Disorders, we proceed next to the consideration of cases in which masturbation has been regularly or frequently practised, and in which it forms an important element. In these we find, primarily, the loss of power in other directions which follows from an unnatural and frequently repeated nervous excitement, as well as from the excessive withdrawal of the seminal elements from the blood; and, secondarily, the train of symptoms described by LALLEMAND and others under the name of spermatorrhœa, in which there is a liability to frequent ejaculation under the influence of very slight external stimulants, and in which the congested and relaxed lining membrane of the seminal passages is constantly ready to furnish a certain amount of viscid mucous secretion. The combination of nervous exhaustion and physical drain, often occurring soon after puberty, and before growth is complete, places a formidable barrier in the way of perfect bodily evolution, checks or vitiates nutrition, diminishes mental energy, and probably in many instances leads to tubercular deposit in vital organs. At a later period, when manhood is reached, the irritability of the nerves of the penis may render coïtus impossible or unsatisfactory, the imperfect erection and hasty ejaculation preventing congress, and the difficulties being heightened by the anxiety and annoyance suffered by the subject of them; who often fears to undertake marriage, and either abandons himself more and more to solitary indulgences, or seeks relief from the worthless nostrums of the villanous quacks who prey upon his class.

The diagnosis of masturbation is seldom a matter of difficulty. In early manhood, when advice is sought on account of sexual weakness, the question would of course be put, and put in such a way as to invite the confidence of the patient. It should be put also in cases where the only complaint made is of general debility; and in such cases the power of the practitioner to discover the truth will greatly depend upon the possession of a tact in examination that cannot be learned from books, but of which it is certainly one element to make the necessary inquiries in a tone and manner as if they were as much matters of course as the inquiries about appetite or digestion. With boys, more caution is required, and the surgeon will often be restrained by the fear of suggesting possibly unknown evil. Among masses of boys, as in schools, we believe the practice of masturbation is always known, although it may not be extensively followed. With home-bred children the case may be otherwise; but, as regards both classes, it is possible to attain an approach to certainty by careful examination of the urine for spermatozoa. If the urine were collected daily for a week, and its lowest stratum explored microscopically, after due time for subsidence, seminal emission, if occurring, would almost always be detected, and its causes could then be inquired into without further hesitation.

It is very possible, however, that the influence of schools and other associations of boys is liable to be exaggerated; and that the causes of masturbation are often inherent. Many writers, and none more conspicuously than the late DR. COPLAND, have called attention to the salutary influence, in this regard, of the oriental practice of circumcision. The sebaceous secretions of the base of the glans soon become highly irritating, and, when retained by an elongated prepuce, occasion irritation which suggests friction for its relief, and which also serves to direct attention to the penis. Hence the occurrence of erections, of pleasurable sensations increased by manipulation, and finally of ejaculation. The chain of events is natural enough, and no teaching or suggestion is necessary in order to explain it.

The practice of masturbation, when fairly ascertained to exist, must always greatly complicate a case of admitted sexual or of evident general weakness; but it differs much in its inveteracy in different cases, and also in its effects upon the local organs and the general health. Nothing but evil has followed from the overwrought accounts of its influence that have been published, both by moralists seeking to deter, and by quacks seeking to plunder. The truth is that it does some harm always, and much often; but that its effects are not always traceable, and that the cases are only exceptional in which it leads to phthisis, or epilepsy, or insanity, by any path that can be at all clearly made out. Many of those who practise it continue to do so very much as a consequence of the exaggeration by which it has been surrounded, and which leads them to believe either that they are hopelessly committed to a fatal habit, or else that the common statements about the evils attending it are wholly, as they are manifestly partially, untrue. The first duty of the surgeon, therefore, is to disabuse the minds of his patients of unreal or exaggerated fears; and, by their banishment, to make room for sober truth about the facts of the case, so as to excite a desire for emancipation from a degrading sensual bondage.

The methods that are required for the cure of masturbation must be modified in accordance with the earnestness and the power of self-control of the patient; but where these are considerable, and the habit is not inveterate, success may usually be obtained. The first point requiring attention is to remove all causes of external irritation from the glans penis. In cases of phimosis it would always be highly salutary to perform circumcision; and even when a long prepuce can be retracted, the operation would certainly be beneficial. At all events, the prepuce should be fully drawn back at least twice daily, and the exposed parts well washed with soap and water, then dried with a soft towel, and moistened with a lotion containing about four grains of sulphate of zinc to an ounce of equal parts of glycerine and distilled water. In this way slight sensations serving to call attention to the parts may be avoided. In some cases no more may be required; but in most it is necessary to guard the penis for a time against improper manipulation. This is best done by keeping up slight soreness of the body of the organ, either by blistering liquid or tissue, tartar-emetic ointment, nitrate of silver, or any other suitable application. The soreness should be sufficient to render erection painful; and it is usually best to draw a ring or two rings round the penis with the selected application, leaving space enough for fresh ones as those first made recover.

In all these cases there is nothing to be hoped for without the cordial co-operation of the patient; and this co-operation may be none the less cordial when moral weakness renders

it sometimes ineffectual. Considerations of moral strength or weakness, and the presence or the want of truthfulness, must be the chief guides to the surgeon in determining how long the blisters or other applications should be continued. Many patients who earnestly desire to lay aside the practice of masturbation would be unable to do so if they were not aided by the soreness of the penis; and they will then be inclined to cling to this help after the habit is effectually broken. The only general rule that can be laid down is to err, if at all, in the direction of caution; and not to lay aside the blisters, unless entire reliance can be placed upon the truthfulness of the patient, without first making arrangements for continued examination of the urine, so that any loss of semen may be at once detected, and checked, if necessary, by returning to the applications.

In the way of medical treatment there is little to describe. It is important to obtain sound and speedy sleep, and to enforce early rising and a cold sponge bath on awakening. Bed should not be sought too early, nor without fatigue; and if, after all, the patient should be restless in the beginning of the night, a dose of the hydrate of chloral might be given with advantage. Regular and easy action of the bowels should be secured, the rectum cleared of ascarides or other sources of irritation, and cayenne or other peppers avoided. The tincture of perchloride of iron will sometimes be highly useful, and can never be injurious, while in all cases it will appeal to the popular belief in the universal efficacy of drugs. In many cases the effects of masturbation will demand surgical treatment; but the consideration of this part of the subject must be reserved for a future article.

WE do not know whether any of our readers have seen a little volume entitled "The Stature and Bulk of Man in the British Isles," by Dr. JOHN BEDDOE, which has for some time past been lying on our library table; if not, we commend it to their notice as containing a large amount of interesting information on points not elsewhere given or accessible without much trouble and difficulty. Dr. BEDDOE's investigations were set on foot in consequence of the important anthropological knowledge that had been obtained from certain "ethnological queries" that were distributed by Dr. DAVIS and himself in various parts of Britain. From the results of these inquiries he resolved to carry on the inquiry on a more extended scale; and accordingly circulated blank tables asking for returns of name, age, birthplace, occupation, height, weight, colour of eyes and hair of men between twenty-three and fifty years of age. Great difficulty from various causes was experienced, however, in obtaining replies; as sometimes the weight could not be ascertained, sometimes the persons examined objected to their names being taken, sometimes the observer mistrusted his power of discrimination of the colour of the eyes and hair. In some places the shyness of the peasantry constituted an insuperable difficulty. "Some Tipperary boys," for instance, "fairly took to their heels when it was attempted to weigh them"; and in Wales "there was unusual difficulty in disabusing the natives of the idea that the inquiry was set on foot by Government, and therefore *must* mean mischief." Much valuable information was obtained from the army returns, and investigations carried out upon recruits, lunatics, and criminals.

We can only give here a few of the most important and interesting of Dr. BEDDOE'S results. He divides England and Wales into five groups of districts, basing the arrangement on the industrial character of the populations of the several counties. Thus the *Sussex* group consists of Sussex, Berks, Herts, Beds, Bucks, Oxon, Cambridgeshire, Essex, Suffolk, Norfolk, Wilts, Dorset, Hereford, Salop, Lincolnshire, and North Wales,—in all of which the agricultural element prevails. The *Kent* group holds an intermediate position, and contains Kent, Hants, North Hants, Somerset, Gloucester, Devon, Cornwall, Notts, Cumberland, Westmoreland, Leicestershire, South Wales, Monmouthshire, and the rural parts of Middlesex. The *Staffordshire* group includes Cheshire, Staffordshire, Worcestershire, Warwickshire, Derbyshire, Durham, and Northumberland, with the city and county of Bristol,—in these manufacturing and mining industry will soon occupy the bulk of the population. A fourth group includes the manufacturing counties of *Lancashire* and *Yorkshire*; and a fifth the *Metropolis*. A sixth is constituted by *Scotland*.

In each of these districts a large number of individuals belonging to different occupations were examined. It was found that Clerks, including shopmen and commercial travellers, being usually born in the middle class, and having good food and care in childhood, but occupied with sedentary employment in adult age, are above the medium stature and below the medium weight. Ironworkers and Woodworkers, both of whom are of active and even laborious habits, are above the height and weight, and are a fair average, the former surpassing the latter. Sawyers, however, are almost always light, their work being extremely severe, and many suffering from pulmonary or cardiac disease. Masons stand well both in height and weight. The number of Miners was too small to furnish satisfactory results. Bakers are usually of short stature and high weight; and the same may be said of Grooms. Tailors and Shoemakers are commonly ill-developed as well as unhealthy, and are below the average both in height and weight. The average weight of the Irish Peasant is estimated at 138 lb.; of Englishmen, 145 lb.; and of Scotchmen, 155 lb. The average stature of the adult Englishman lies between 5 ft. 6 in. and 5 ft. 7 in.; of the adult Irishman, about the same; but the adult Scotchman ranges nearly an inch higher.

It is obvious how important such researches as these are for future historians of this country, who will write when the populations of the various districts will, through the facilities that now exist for travelling and intercommunication, have been fused to a far greater extent than at present; and we have little doubt that many of our readers could materially assist Dr. BEDDOE in extending his interesting and valuable researches.

THE appearance of the 1870 list of gentlemen nominated by the Council for the Fellowship of the College of Physicians (which has been precipitated by its very improper publication in a medical contemporary) affords another opportunity for some remarks on the old subject of the

nomination principle. We feel the less hesitation in renewing our criticisms of this principle, because we can at once admit that the Council have made considerable efforts, this year, to repair old injustices; for, by nearly doubling the usual number of nominations, they have taken in a good many older men who had been long passed over, while they have also recommended a fair number of distinguished young men. But it is just because there has been a visible attempt to do justice on a wider scale this year that we find ourselves increasingly inclined to despair of the nomination principle altogether; and we are at least firmly convinced that satisfactory results will never be attained while the power of ultimate nomination remains in the hands of a secretly deliberating body.

We need not say that it is a task of much delicacy to criticise a list of actual names. But our duty to the profession makes it necessary that we should point out certain peculiarities in this year's nomination-list. In the first place, that list is, as usual, remarkable for the absence from it of three or four names of gentlemen who have been hospital physicians and conspicuous workers in medicine, and whose standing has made them eligible to the fellowship for some years past. Secondly, the list includes several junior physicians whose names are almost entirely unknown, and who must have been nominated simply in consequence of personal interest with members of the Council. And, thirdly, the list includes more than one name which is likely to be actively unpopular with the profession.

The general conclusion which we draw from these facts is, that it is utterly impossible for the Council of the College of Physicians to exercise a really fair discrimination as to the relative merits of candidates. They cannot help importing into their judgment considerations of an ethical nature; and yet these very considerations lead them into the greatest unfairness, because their information can never be complete. It is notorious that gentlemen have been persistently excluded from the Fellowship, year after year, in consequence of some ethical peccadillo which it would be absurd to compare, for gravity, with the daily and weekly acts of certain conspicuous members of the body of Fellows. Everyone knows that this is the case, for example, as regards the item of puffing advertisements. In fact, so strongly does this incongruity of action—this ethical Tartuffeism—obtrude itself upon the notice of the profession, that we believe many others are, with ourselves, being fast driven to the conclusion that nomination had better be entirely superseded by examination. Let it be made an absolute rule that no one can apply for the Fellowship who is not a member of six years' standing; and let the candidates pass an examination of very high and special character—for example, one that should necessitate, among other things, a firsthand study of the principal German and French authorities in physiology and pathology. And as to the moral, social, and ethical considerations, let everyone be eligible who has not been *legally* proved guilty of immoral or ungentlemanly conduct. For our own part we entertain no doubt at all that such a test would, in fact, ensure a far higher standard, *not only* of intellectual acquirements, but also of moral and ethical feeling, among the future Fellows of the College than that which now prevails.

Medical Annotations.

"Ne quid nimis."

MILITARY SURGERY AND THE NEW WEAPONS.

THE relative merits of the chassepôt and needle-gun have yet to be tested in a general action. The arms themselves, their mechanism, and the character of their projectiles, are pretty well known; but it appears to be the opinion of military surgeons that the statements as to the gravity and great size of the wounds, especially of the exit wound, of the chassepôt as compared with those of the needle-gun, have been exaggerated. It will be remembered that the trials with this bullet on horses were some time ago described as causing very large tearing wounds; but one of our correspondents at Rome, who saw the wounded after the battle of Mentana, did not corroborate these statements.

We understand that at an experimental trial with a Montigny *mitrailleuse* in this country, charged with chassepôt bullets, on a number of dummy soldiers to represent infantry, the effect was not considered very satisfactory in a military sense, for only thirty or forty shots took effect out of the five or six hundred fired. Of the relative merits of Snider and Henry-Martini weapons there can be no doubt. The latter is vastly superior to the former in respect of its trajectory and consequent accuracy at long ranges. The exit wound of the Snider is often very jagged, owing to the hollow nature of the projectile causing it to flatten when coming in contact with the more solid structures of the body; and, being light in weight, and rounded in form, it is apt to go round rather than penetrate a bone. The Henry-Martini has a small solid bullet, and it consequently undergoes little or no flattening; it strikes with much greater momentum, and possesses more penetrating power; it is said to go right through bone, pulverising it, and passing out of the body with a relatively small exit-opening. Such at least we are informed have been the results obtained from experiments on the bodies of dead animals.

THE POST-MORTEM EXAMINATION AT GUY'S.

As we anticipated, the magistrate before whom complaint had been laid against Dr. Steele, the medical superintendent of Guy's Hospital, for a supposed infringement of the Anatomy Act, has dismissed the summons. It was evident, as we pointed out when the case first came before the public, that no offence under the Anatomy Act had been committed, and this Mr. Benson seems to have somewhat reluctantly admitted. We notice that the solicitor to Guy's Hospital is reported to have claimed the legal right of making post-mortem examinations for the hospital authorities, and that the magistrate rejoined that after a protest from the son such a proceeding was illegal. We are not prepared to discuss this difficult question, which must be one solely of common law; but in the interest of all our hospitals, and for the sake of the progress of pathological science, we think it highly desirable that the authorities of Guy's Hospital shall not be content to leave the question in its present unsatisfactory state, but should, if possible, obtain some decision of a legal authority upon the subject.

In a case reported in *The Times* of Thursday, the widow of a patient who had died in the London Hospital applied to a magistrate in consequence of the refusal, as she alleged, of the hospital authorities to give her a certificate of the cause of death without a previous "dissection" of the body. As the house-surgeon of the hospital explained, however, it was impossible for him to give a certificate as to the cause of death without a post-mortem examination, the man

having died twenty-four hours after his admission into the hospital, and they had been unable to ascertain the exact nature of this case during the lifetime of the patient. Mr. Lushington regretted that a better understanding did not exist in respect of these matters; but he very properly held that the conduct of the hospital authorities had been perfectly correct, and desired that the coroner should be communicated with so that an inquest might be held.

FOUNDER'S DAY AT EPSOM.

THE interest attaching to Founder's Day at Epsom was much enhanced on the 21st inst., when, at the close of the proceedings, Dr. Thornton, who had been head-master for fifteen years, bade farewell to the College. An effective performance of military exercises was followed by Divine service in the chapel, after which the prizes were distributed, and the speeches delivered. Among the former we may mention that the Wakley Prize, which takes its name from the founder of THE LANCET, was gained by Master Boulger; while Master Sloman was the most successful in the other subjects of competition. The Senior Prefect then proceeded, in the name of the School, to read an address to Dr. Thornton on the occasion of his departure, and presented him, amid loud cheers, with a handsome silver centre-piece, of the value of ninety guineas, as a memento of the esteem in which he was held. Dr. Thornton replied with much feeling and effect, dwelling particularly on the affectionate relations which had subsisted between himself and his pupils. After three cheers for Mrs. Thornton and the Masters, and an abortive attempt to elicit the same honour for the Council, the company separated.

THE TAVISTOCK GUARDIANS.

WE are happy to be able to place on record that the Poor-law Board has decided that the Tavistock guardians must pay Mr. Sleman his stipend, without deduction for the cost of stimulants supplied to sick inmates of the workhouse by his order. We have already stated that Mr. Sleman, at the time of his election, was an avowed total abstainer; and the guardians seem to have believed that he would not prescribe stimulants. As a matter of fact, he appears not to have done so for some years; but lately he has commenced the practice. His reasons for the change have not been made known; and we cannot say whether he has been converted from teetotalism or not. But we gather from the local papers that stimulants were conveyed to his patients surreptitiously, by clergymen, ladies, and others; and perhaps he only thought it fitting to get the administration under his control. At all events he ordered the wine, brandy, and other things that are complained of; and the guardians attempted to deduct £2 17*s.* from his quarterly cheque on account of them. In this they have fortunately been defeated; and Mr. Slemen's right to order such extras for his patients is confirmed.

It has come out in the course of the discussion that this amiable board of guardians is in other matters an adept at practices which would be called pettifogging if suggested by a small attorney. All the medical officers of the union are so shamefully underpaid that their appointments must be sources of direct pecuniary loss to them. We suppose they are retained on account of some local reasons which we cannot fathom, and that the holders are unwilling to part with them. For it seems that attempts to obtain an increase of payment, or a rearrangement of districts, or both, have from time to time been made, and that the guardians have parried them by making what they are pleased to call a "standing order" that no application for increase of salary by a medical officer shall be entertained unless accompanied by the resignation of his office. If a board of guardians can evade the despatch of public business by absurd conditions of its own making, the duties might be rendered much less onerous than at present. We wonder the Tavistock guardians do not try to improve upon their ingenious idea. They might effect a saving in relief by a standing order not to consider the case of any applicant who was less than six feet two inches in height, or who did not wear top-boots, or who could not give change for half-a-crown. In the meanwhile, and until some further developments of the local wisdom call for the restraining hand of Gwydyr House, we strongly advise all the practitioners of the locality to meet, and to lend their cordial support to the present office holders. These gentlemen could not object to resign their offices if they were assured that none of their neighbours would take them.

IRISH POOR-LAW COMMISSIONERS' REPORT, 1869.

FROM the Annual Report of the Poor-law Commissioners for Ireland for the year 1869, we find that the expenses of the dispensary districts during that period amounted to £123,718, that 579,530 dispensary tickets and 195,797 visiting tickets were issued, 125,672 cases were vaccinated, and 921 certificates given in the case of dangerous lunatics. The Commissioners refer strongly to the injustice of removing Irish paupers from England to Ireland, after a lengthened residence in the former country, and protest against the policy and inhumanity of this class of removals, resulting often in the separation, against their will, of the husband from the wife and the parent from the child; especially when it is remembered that 727 English paupers, and 198 Scotch, were during the year in the receipt of out-door relief, or in workhouses in Ireland.

The number of persons who received out-door relief averaged daily 18,296, and workhouse relief 50,964; the expenses connected with relief amounting to £285,378, being a decrease of £31,672 on the preceding year, accounted for mainly by the decrease in the total number of persons relieved in the workhouses—viz., 53,391. The total disbursement of poor-rates for all purposes—viz., relief, medical relief, burial grounds, registration of births, deaths, and marriages, and sanitary measures—was £817,772, or at the rate of 1*s.* 2¾*d.* in the pound, the poor rate collected amounting to £815,480.

THE SANITARY STATE OF GODALMING.

AN inquiry by Mr. Arnold Taylor, the Government inspector, into the sanitary state of Godalming and the condition of its drainage was held on the 18th inst., in reply to a memorial from some of the inhabitants addressed to the Home Office, and complaining that the Town Council were in default in not providing proper sewage outlets to the town. Mr. Stedman, F.R.C.S., and others, explained the evils consequent upon the present system, by which the whole of the drainage of the district was poured into the river. The chairman of the Farncombe Drainage Committee described the plan by which the sewage was at one time carried down to the river, and then pumped back for irrigation; but it had been abandoned on account of the cost, and the A.B.C. process was coming into favour. The inspector declared that the A.B.C. process had been condemned by the Rivers Pollution Commission as impracticable, and that irrigation was the only practicable mode open to them. It was impossible that the present system of drainage could be allowed to continue. The two governing bodies of the district should amalgamate; and he was of opinion that the Town Council ought to adopt the pro-

visions of the Local Government Act; at the same time hinting that some owner of the property upon the river should apply for an injunction in the Court of Chancery against the pollution of the stream; and, as it was likely to be granted, the town would be compelled to provide a proper system of drainage. He further advised the provision of a common outfall for Godalming and Farncombe, under the powers of the Sanitary Act. We await Mr. Taylor's report with anxiety, and only hope that the Home Office will not attempt to get the necessary reforms effected through the intervention of any private individual, but through the powers possessed by itself.

QUEKETT MICROSCOPICAL CLUB.

THE fifth annual meeting of this club was held on Friday evening last, July 22nd, at University College, Gower-street, Peter Le Neve Foster, Esq., president, in the chair. According to the annual report of the committee which was read, the club still maintains its popularity and success. It numbers over 500 members, and meets for the prosecution of microscopical inquiry and discussion twice a month throughout the year.

Mr. Peter Le Neve Foster, in vacating the presidential chair which he had so ably filled during the past year, delivered his valedictory address, in which he called attention to various open questions in microscopical science which were fields well worth the labour required in their investigation, and which, he considered, the members might undertake the study of with pleasure to themselves and advantage to the world at large. Professor Lionel S. Beale, F.R.S., was elected president for the ensuing session, and Messrs. Henry Lee, F.L.S., Arthur E. Durham, F.R.C.S., Peter Le Neve Foster, M.A., and Dr. Robert Braithwaite were elected vice-presidents; while Messrs. Allbon, T. W. Burr, F.R.A.S., Witham M. Bywater, and Charles F. White were elected to fill four vacancies on the committee. The proceedings terminated in a conversazione.

THE EPIDEMIC OF FEVER IN LIVERPOOL.

THOUGH there is no report of a diminution in the number of cases of fever in Liverpool, all reports agree that the fever is of a mild character. In fact, the epidemic at present raging in Liverpool is one of relapsing fever. According to authoritative information with which we have been favoured, there were no appearances of the epidemic prevalence of relapsing fever until the end of May, except in Parochial District No. 7, under the medical care of Dr. de Zouche. No cases had been reported in the parish fever hospital, and none had been reported by the other parochial officers. Dr. de Zouche's first case occurred on the 28th of January, and his next on the 19th of February; and since the latter date his district—a very low one, occupied chiefly by Irish—has not been free from the disease. Strangely enough, however, it did not spread to other districts till June. The last week's report gives 255 cases; the previous week's report, 227.

HYDROPHOBIA.

WE regret to notice the occurrence of more than one fatal case of hydrophobia in the north of England. At Hartlepool a girl of eleven was bitten by a dog on June 11th, her face being lacerated severely. She was attended by Dr. George Moore (who is also mayor of the borough), by whom the wound was dressed, it being impossible from the nature of it to excise the parts implicated, or to apply caustics efficiently. The child made a good recovery, and was able to give evidence in the Hartlepool County Court on July 8th, in an action brought against the owner of the dog. On the 12th, however, she was ailing, and was seen by Dr. Moore; and on the morning of the 14th, the symptoms of hydrophobia were developed, and the child died on the following day.

In the same newspaper in which the account of this case is given, there are records of the deaths from hydrophobia of a child who had been bitten six weeks before, and also of a coachman near Stockport, who died last week, having been bitten in the middle of June.

Although we fear that all treatment of hydrophobia is hopeless in our present state of knowledge, we think it would be well to give a trial to the remedy of the day, chloral hydrate, should further cases occur; and we cannot but urge upon surgeons the advisability of carrying out the application of caustics in the case of recent bites more fully and efficiently than is now frequently done.

THE HOMERTON AND STOCKWELL HOSPITALS.

THESE buildings are now rapidly approaching completion, but the Poor-law Board recommend that only one small-pox hospital and one fever hospital should be opened in the first instance, and that no officers should be appointed for the others until the number of patients had shown such an increase as would justify the managers in providing further accommodation.

The Poor-law Board also object that the salaries of the resident medical officers are fixed too high; £400 a year not being considered large enough to induce medical men of high standing in their profession to accept the appointment, and £350 being sufficient to attract young men of ability and promise to undertake the duties.

This appears to us a very nice distinction, and as we have invariably objected to place these important institutions in the sole charge of young men, without the opportunity of obtaining consultations in grave cases with men of superior qualifications and experience, we must again point out that the interests of the sick would be more effectually consulted by the appointment of a resident medical officer at a fair salary—say £150 or £200 a year, and by the appointment of a visiting physician at an equal amount. This would not increase the expense to the ratepayers, and would be nothing more than a fulfilment of the promises made by the Poor-law Board when the Metropolitan Poor Act was introduced.

SANITARY REPORT FOR SALFORD.

DR. SYSON, Medical Officer of Health for the borough of Salford, in his annual report for 1869, draws attention to the state of the river there, which he says is becoming more foul every day, and emits a stench which cannot but be obnoxious to the health of both Manchester and Salford. As to the new "ashpit" experiment in Salford, Dr. Syson remarks that nothing positive can be said either as regards success or non-success, until it has stood the test of a hot summer. If so, we shall surely not have to wait long before the result is known. If Dr. Syson will take a word of advice from us, he will not be in a hurry to adopt new theories about the statistical exposition of the comparative salubrity of towns, unless he is prepared to show better reasons for their adoption than the authors of those theories have hitherto adduced.

THE REMOVAL OF FEVER PATIENTS.

IT is time that some general instructions were issued to relieving officers as regards the removal of fever patients to the hospitals. There is a woman now at the London Fever Hospital who came in an omnibus with an order from

one of the relieving officers of St. Pancras. On the 18th inst. a woman walked with an order of admission for a considerable distance, and although happily she was not suffering from fever, she was much fatigued. Under other circumstances, it might have been a fatal journey. That such occurrences still continue to take place shows the uselessness of imposing penalties on the sick who thus expose themselves, and the utter confusion of our Poor and Sanitary laws.

THE HON. FRANCIS CHARTERIS.

THE fears entertained from the first that this unfortunate young nobleman's recovery was hopeless have been confirmed. He died at 12.30 P.M. on Thursday. It appears that the bullet passed in at the left orbit below the inner end of the eyebrow, crossing and damaging extensively the ethmoid bone, leaving the nasal bones uninjured. Then, entering the right orbit, as was apparent from the extensive effusion of blood in the eyelids, it had probably been deflected into the cranium, where it inflicted fatal lesion on the right hemisphere of the brain. This, in the absence of a post-mortem examination, seems borne out by the paralysis of the left side, which supervened very shortly after the injury. Mr. Walter Coulson first saw the patient, and immediately sent for Sir William Fergusson, when the wound was carefully examined, and they at once pronounced it of a fatal nature. The patient has been seen daily by Sir William Fergusson, Surgeon-Major Wyatt remaining in the house in constant attendance.

MR. CHILDERS.

WE are glad to learn that the opinion expressed some time ago by those in medical charge of Mr. Childers has been happily confirmed by the appearance of a small renal calculus. The cause of the symptoms under which the right honourable gentleman laboured having been removed, there can be very little doubt that he will now regain all his former energy and activity; and we may fairly congratulate him on his return to official duties.

DR. GAVIN MILROY.

WE have heard with gratification that the Prime Minister has granted a pension of £100 a year from the civil list to Dr. Gavin Milroy, in recognition of his public services as a sanitarian and his many contributions to our knowledge of epidemic disease. Dr. Milroy was one of the medical inspectors attached to the General Board of Health in 1849–55; he held the post of Government medical inspector in Jamaica in 1851, and was a member of the Crimean Sanitary Commission in 1855–56.

KING'S COLLEGE HOSPITAL.

THE authorities of King's College Hospital, having determined to appoint a special officer to undertake the administration of chloroform, instead of leaving it to the surgical registrar, have selected Mr. C. Philip Moss, a former student of the College (who has had very considerable experience in the administration of anæsthetics), for the post.

THE HOSPITAL FOR WOMEN.

THE Committee of the Hospital for Women, Soho-square, have elected Mr. Christopher Heath one of the surgeons to that institution, in succession to the late Mr. C. H. Moore. The duties of the office have, we understand, undergone considerable modification since the recent vacancy, the surgeon having now beds allotted to him for his own patients, and having also the care of all such cases requiring operation as the rest of the medical staff may transfer to him.

A GOOD MOVE.

WE learn that Lagos is no longer a military station, and the detachment of troops recently stationed there have left for Cape Coast Castle. Considering the very unhealthy nature of the climate, and the annual loss in sickness and mortality among Europeans serving there, we should not be sorry to hear that all the troops serving in the West Coast of Africa had been withdrawn.

THE HAMPSTEAD FEVER HOSPITAL.

THE managers of the Metropolitan Asylums have resolved to retain possession of the Fever Hospital at Hampstead, in order to meet the possible requirements of the metropolis, which, as we stated last week, is threatened with an epidemic of typhus fever.

THE mortality from diarrhœa is increasing very rapidly in London: last week the deaths were 385, against 259 in the week preceding. The Registrar-General says the condition of the sewers ought to be vigilantly attended to—a most necessary caution, as we have already had occasion to point out.

THE vacant Inspectorship of Public Vaccination, in the gift of the Lord President of the Privy Council, has been filled up by the appointment of C. J. Beard, M.B. Cantab., of the Grand Parade, Brighton. Mr. Beard was recently elected President of the Brighton and Sussex Medico-Chirurgical Society.

THE New York Life Insurance Company offers the special advantage to insurers that suicide does not cause a forfeiture of the policy. The view taken is that suicide is an evidence of insanity, and insanity being the result of disease, suicide is nothing more than an ordinary life contingency. Our European life offices are hardly so far advanced as this.

"HOSPITAL SUNDAY" is quite as applicable to the wants of small as of large institutions; and we see with pleasure that the Ilfracombe Cottage Hospital has just benefited to the extent of between £60 and £70 from collections in churches and chapels on Sunday, June 19th.

THE *Illustrated News* states that the will of Sir James Clark, Bart., M.D., was proved on the 11th inst. by his son, now Sir John Forbes Clark, Bart., the surviving executor. The personalty was sworn under £25,000. The will is brief, and is dated June 14th, 1852. He has left the whole of his property, real and personal, to his son absolutely.

IT is proposed to erect a new cottage hospital at Marlborough at a cost of £3000. The Marquis of Ailesbury has given the site, and a donation of £1000; and the Marchioness has added £300 from her own purse.

DR. BREWER and Mr. Brady have both given notice of their intention to bring in Bills for the amendment of the Medical Acts early in the next session of Parliament.

DR. BALLARD, in his annual report for 1869, speaks of the summer diarrhœal outburst coincident with a rise of temperature above 60°, together with an absence of rain in the first weeks of July. These are precisely the conditions which have accompanied the rapidly increased fatality of diarrhœa in London during the past month.

THE Government of Sweden has notified to the effect that for the future women in that kingdom will be allowed to study and practise medicine on the same footing as men.

THE MARSHALL HALL MEMORIAL.

A GENERAL MEETING of subscribers to this Memorial was held on Wednesday last, at the Library of the Medical and Chirurgical Society, Dr. Gull, F.R.S., in the chair, to decide as to the exact disposal of the Fund which has been raised for the purpose of doing honour to the late Dr. Marshall Hall by the foundation of some memorial prize bearing his name.

Dr. TILBURY FOX read a report of the Executive Committee to the effect that the sum collected amounted to £500, exclusive of expenses. After careful consideration and much discussion, the Committee came to the conclusion in the first instance that the Royal Society would be the most desirable body into whose hands the administration of the Fund should be placed, and with that view the following outline scheme was adopted:—

1. That the sum of money collected be appropriated to confer honour upon individuals, with the title of the Marshall-Hall Scholar.

2. That this honour and reward be conferred upon persons who shall most distinguish themselves in physiological and pathological research relative to the nervous system.

3. That the simple interest of the sum collected be awarded every five years.

4. That the sum collected be invested in the hands of trustees to be appointed by the Royal Society.

5. That the compound interest upon the interest shall accumulate, and be added every five years to augment the original fund.

6. That the Royal Society be requested to allow a committee of its Council to award the Scholarship every fifth year.

7. That the prize be open to all the world.

8. That the Society be not compelled absolutely to award, and if no award be made, the interest to be added to the capital, and the award to be made upon the latter at the end of another five years.

Dr. Reynolds and the Secretary were requested to ascertain if the Royal Society would be likely favourably to receive any proposal of the kind emanating from the Executive Committee, but no such prospect presented itself. Failing the Royal Society, it seemed to the Committee that the Medico-Chirurgical Society would be the fittest body into whose hands the sum collected might be given up; and that the Medico-Chirurgical Society might, with the sanction of the Executive Committee, perfect a scheme for the foundation and continuance of a "Marshall Hall Memorial."

The Secretary put himself in communication with Dr. Burrows, F.R.S., the President of the Medico-Chirurgical Society, on the subject, intimating that at the special request of the Executive Committee, Dr. Marshall Hall's family had hinted that it would be pleasing to them if some such arrangements as the following were included in any memorial scheme:—1. That a bronze medal of little value shall always be given with any award. 2. That the awardee shall be termed "Marshall-Hall Scholar." 3. Awards to be made for distinguished scientific labours, irrespective of membership of any body. 4. Some weight should be given to necessitous pecuniary circumstances, and to such investigations as are of so purely a scientific interest as rather to involve sacrifices than any likelihood of direct advantage.

The reply of the President of the Medico-Chirurgical Society left no doubt that that Society would accept the trust. Other propositions had been made, but the Executive Committee felt that the preference was to be given to the administration of the fund by the Medico-Chirurgical Society on a basis similar to that proposed in the first instance.

Dr. GULL said: There can be no doubt that Dr. Marshall Hall's work stands foremost amongst the best of our time, and it is a great honour to England to be able to say that he laid the real foundation of the excito-motor theory and gave the real explanation of excito-motor phenomena. No doubt foreshadowings of the truth had appeared before his time, but Marshall Hall showed distinctly—and this was the crowning point of his work—that reflex actions are purely physical. Instead of bringing down the mind to explain reflex phenomena, profiting by his labours, we are carrying up the reflex act to explain mind action; and this will be clearer and clearer to us by-and-by. We must not forget therefore that we have a very great work in hand which may add much to the honour and dignity of this country. I hope you will much consider if we cannot wait and let the fund accumulate till the most distinguished scientific Society shall be in a position to take the matter up—namely, the Royal Society. There is another scientific body, the British Association for the Advancement of Science, that might deal with it; and Marshall Hall's work is not an essentially medical, but a great scientific work. After gravitation, the excito-motor theory comes next in importance, as the great governing fact of all living things, and if a man could lay the foundation of that fact, his memory ought to be greatly cared for.

After some discussion, Dr. Glover proposed, and Dr. Stilwell seconded, a resolution to the effect that this meeting is of opinion that the Executive Committee should be empowered to devise a scheme for the foundation of a Marshall Hall memorial scholarship or prize in conjunction with the Medico-Chirurgical Society, or the Royal Society of Medicine in the event of its formation, or any other scientific body specially encouraging physiological research. Dr. Glover thought that the Medico-Chirurgical Society, or the Physiological Section of the Royal Society of Medicine—supposing that Society to be soon formed,—would be a very fit body to award the honour to be associated henceforth with this fund and with the name of Marshall Hall. The value of Dr. Marshall Hall's labours was such that the Royal Society might have undertaken the trust of this fund. But, for various reasons, that Society was sometimes reluctant to undertake such duties; and this was too honourable a duty to be pressed on any society.

The resolution was carried, and a vote of thanks to the Chairman terminated the proceedings.

It was understood that the "scheme" should be analogous to that originally propounded by the Executive Committee, and include the bestowal of a medal with the title of the "Marshall-Hall Scholar."

AID FOR THE SICK AND WOUNDED.

WE are heartily glad to see that H.R.H. the Prince of Wales has consented to be President of the National Committee of the Society for Aiding and Ameliorating the condition of the Sick and Wounded in time of War, and that so many influential names appear on that Committee. War is at all times a terrible calamity, and modern experience has amply shown that its horrors have not diminished with the increase of our power over material forces. Wars are conducted on so grand a scale now-a-days, battles succeed each other with such rapidity, and the numbers of men engaged in them are so vast, that it would be simply impossible for any government to meet the requirements of the sick and wounded with the army medical service at their disposal. In the Crimean war we utterly broke down under the pressure put upon us. During the American struggle civil sanitary commissions came to the aid of the regular medical staff, and during the campaigns in Bohemia, the Society for the Succour of Wounded performed immense services. The insular position of our own country, and the great repugnance which we entertain to war, with a growing scepticism about its occurrence, have hitherto operated in preventing us from making any attempt at organising a good system of meeting the requirements of our sick and wounded in the event of our ever being engaged in a large war. Our firm belief is, however, that if ever that time should come we shall be compelled to have recourse to some system and method of action like that now proposed.

It ought to be a subject of congratulation that the two great powers now at war have signed the articles of the Geneva Convention, and that they have, in this respect at least, done something towards mitigating the horrors and sufferings on the beginning of which the inhabitants of those countries have already entered and through which

they will certainly have to pass. The sick and wounded, their attendants and the ambulances, will be protected and respected by the combatants of both sides, and we trust we may count upon them adhering to their agreement not to use any of those terrible explosive missiles about which there was some discussion a year or two ago. The ministers of this country have a most delicate, difficult, and responsible task before them. We have nothing whatever to do with the quarrel, and are happily neutral, and it is the prayer of every right-thinking and humane man that we may remain so. Extreme care is required, however, if we are to avoid wounding the susceptibilities of France or Prussia. It might be difficult for our Government to recognise the presence of British subjects with the army of either side; but the committee in England, in connexion with those abroad, might be able to determine upon some well-organised and effectual plan of action for sending succour to the sick and wounded of the contending armies in the shape of surgeons, nurses, and hospital material. Whatever may be the opinions entertained of what threatens to be one of the most calamitous wars on record, there will be ample scope for the exercise of humanity towards its victims.

Two hundred doctors of medicine, 500 medical students, 50 pharmaciens, 150 pupils of the School of Pharmacy, and 800 ward attendants, have offered their services to the French Government for the coming campaign. The veteran Sédillot insists upon doing active service in spite of his seventy years. His sons hold commissions in the army. Dr. Evans, the American dentist, presided at a meeting of his countrymen on the 18th inst., which decided on the formation of a committee to act with the French Society for help to the wounded of all nations. Dr. Evans has placed at the disposal of that Society his collection of articles which had been used in the American war, and has presented a donation of £400.

Besides the ambulances which are intended for immediate assistance, a certain number of infirmaries have been established in Berlin and other localities. These infirmaries have been given up to the voluntary care of private people, the State paying only the small sum allotted in the estimates for each sick soldier. No Government control exists, save ascertaining the numbers admitted, and the cases of death. The object is to place the sick in the most favourable circumstances, private benevolence being more liberal than the military authorities can afford to be. The sick and wounded will, in this manner, be attended in some degree as in private houses; and it should be noted that thousands of beds have been offered by the inhabitants. Many people have agreed to take as many as ten wounded men into their houses. Hence the dangers of overcrowding will be avoided.

THE TOWN COUNCIL OF EDINBURGH AND THE MIDWIFERY CHAIR.

Qui s'excuse s'accuse receives striking confirmation from the written reply of the Lord Provost of Edinburgh to the strictures passed by the University Court on the recent appointment to the Midwifery Chair. His Lordship's zeal is in advance of his knowledge, and we should imagine that, if Sir Alexander Grant or Professor Christison thought it worth their while, they could put him and his clumsy contention in a very unfavourable light. We shall take no unfair advantage of his Lordship's essentially *bourgeois* view of scientific or academic matters. We shall simply dispose of his less suicidal arguments in detail. "It is assumed," says his Lordship, "that a bad choice has been made." So far as we are aware, there has been no such assumption. What the University, the enlightened Scottish public, and the profession at large maintain is this—that while there was great disparity of qualification between the successful candidate and the two unsuccessful ones, no attention was paid by the representatives of the Town Council in the Court of Curators to that disparity; that Drs. Keiller and Matthews Duncan had given evidence of a scientific and teaching proficiency to which Dr. A. R. Simpson could substantiate no claim; and that, while the representatives of the University were unanimous in supporting the candidate who had most academic recommendations, the representatives of the *bourgeoisie* supported the candidate who had least. Again, his Lordship announces that Dr. Matthews Duncan's writings are more speculative than practical. What does his Lordship mean by this distinction? Science proceeds by speculation,—by collecting facts, and generalising from them. Had he or his advisers proved that Dr. Matthews Duncan's speculations were unsound, he would have strengthened his position most materially. But the charge against a scientific work that it is more speculative than practical, is pointless. All great discoveries were at first speculations; in science the paradox of one generation often becomes the truism of the next. When a man ceases to speculate he ceases to be scientific; and so far from its being an objection, it is a distinct recommendation of Dr. Matthews Duncan that, in addition to his practical proficiency, which was quite equal to that of his elder antagonist, and far superior to that of his younger, he yet possessed the speculative faculty in such vigour. His Lordship adds another to his reasons for opposing Dr. Duncan. That gentleman, he says, "spoke sneeringly of our late beloved Professor." The fact is simply this. Dr. Duncan took very strong exception to some of Sir J. Simpson's doctrines, and expressed himself in their condemnation with a decisiveness proportioned to the authority by which they came forth. "No mercy to a great author," said Sir William Hamilton, who well knew the influence of a distinguished name in securing the adhesion of the vulgar. But anything like objection to Sir J. Y. Simpson's views is what the Lord Provost cannot tolerate. His Lordship's share in securing the late Professor's appointment he announces as "one of the proudest acts of his life"; and the lustre which Sir James shed on his supporters suffices, he thinks, to justify all their subsequent elections. His Lordship, of course, does not expect to be seriously encountered on this point; and we shall merely say that, even when the best candidates were elected, it was by narrow majorities, and, in nearly all of these cases, only when the greater number of the Town Council had (as in the memorable instance of Sir William Hamilton) been overawed by public opinion. The Lord Provost indulged in some rather ungraceful comments of the *tu quoque* kind, which, however, secured him a round of applause from his municipal audience when the reading of his reply came to a close. Bailie Skinner followed in a similar strain, but added to the Lord Provost's arguments really nothing which could, in any degree, be held to justify his vote. The plea that Dr. A. R. Simpson lectured in his uncle's absence has been already disposed of. Several speeches followed that of Bailie Skinner, until the meeting acquired something of an "indignation" character, and certainly did not lessen the misgivings of the public as to the competency of the municipal orators to sit in judgment on men of science, and decide on the most worthy among them. The Lord Provost was sanguine as to Dr. A. R. Simpson's appointment marking a fresh stage in the academic annals of Edinburgh. We quite agree with him. We believe it will form the turning point of a new and better exercise of University patronage.

THE REPORTS BY THE REGISTRARS TO THE MIDDLESEX HOSPITAL, FOR THE YEAR 1869.

THESE reports are largely, and we might almost say necessarily, composed of tables, to the more important of which are added abstracts presenting valuable data for statistical purposes.

The report of Dr. John Murray, the Medical Registrar, contains a general table of diseases and their results, arranged according to the College of Physicians' nomenclature; also a table of cases of disease originating in the medical wards, with the morbid appearances in 124 post-mortem examinations, an excerpt of which is appended. Short reports on typhoid fever, and cases of relapsing fever and pyæmia which occurred in the hospital, are also given. But the most important parts of the medical report are the elaborate tables on the cases of acute rheumatism, to which an abstract is added. It is mentioned that 107 cases of acute and subacute rheumatism were under treatment; of these 88 cases were admitted during the year 1869, 38 males, and 50 females. Five cases died. Fourteen remain under

treatment. Of the 93 patients whose cases were completed, 61, or 65·5 per cent., had either pericarditis or a valvular murmur. In 54 cases it was the first attack; of these 34 had some heart affection, 28 had it on admission, in 6 only it supervened after admission. Thirty-nine cases had suffered from one or more previous attacks; of these 22 had some cardiac affection on admission, 6 after admission, and 5 had heart-affection on admission and also a fresh complication afterwards. Of 47 cases, in which reliable information was obtained, there was a rheumatic family history in 23, and none in 24. The average total duration of illness of those whose cases were completed was 45 days. Similar tables are given of 15 cases of chorea, many of which appeared to point to the connexion between that disease and rheumatism. A section is devoted to cancer and allied diseases.

The report of Mr. Henry Arnott, the Surgical Registrar, is no less important. There is, as in the medical report, a general table of diseases. The prominent feature of Mr. Arnott's report is an elaborate and very valuable cancer table, including 157 cases which were under treatment in the surgical wards. Many others attend the special cancer out-patient department of this hospital, whilst not a few patients are sent to the hospital merely to obtain an opinion as to the nature of their case, and with no intention of remaining. These tables give the age, sex, civil state, nature of case, relatives affected, duration of symptoms before admission, operation, intercurrent diseases, result and length of stay in hospital, secondary deposits, and on each case remarks. A table of cases of pyæmia and of cellulo-cutaneous erysipelas admitted into the surgical wards is published, followed by a table of diseases originating in these wards, with appended notes; also a table of the operations performed and the results, a table of compound fractures and one of strangulated hernia, all of which are of great value and show much care on the part of the author. A table giving the post-mortem appearances in 98 examinations completes the report.

The labour which is bestowed by registrars in preparing such reports as those of the Middlesex Hospital is, we think, not sufficiently appreciated. Unprepossessing they undoubtedly are, but they contain a mass of valuable information which ought to be more extensively and frequently utilised than is the custom.

CHARING-CROSS HOSPITAL.

THE annual distribution of prizes to the students of the medical school attached to this hospital took place on Monday afternoon in the Board-room of the hospital. The Dean of Westminster presided. The prizemen were as follows:—

Llewellyn Scholarship: Mr. Noakes. Golding Scholarship: Mr. Chittenden. Gold Medal: Mr. Noakes. Senior Anatomy: Silver Medal, Mr. Lea; Certificates of Honour, Mr. Taylor and Mr. Crouch. Junior Anatomy: Bronze Medal, Mr. Hartley; Certificates, Mr. Orwin and Mr. Stephens. Senior Physiology: Silver Medal, Mr. Lea; Certificate, Mr. Chittenden. Junior Physiology: Bronze Medal, Mr. Gray. Chemistry: Silver Medal, Mr. Leeds; Certificate, Mr. Couldrey. Senior Medicine: Silver Medal, Mr. Walker; Certificate, Mr. Noakes. Junior Medicine: Bronze Medal, Mr. Routh; Certificate, Mr. Lea. Senior Surgery: Silver Medal, Mr. Noakes; Certificate, Mr. Burroughs. Junior Surgery: Bronze Medal, Mr. Routh; Certificate, Mr. Lea. Botany: Silver Medal, Mr. Whitelam; Certificate, Mr. Taylor. Materia Medica: Silver Medal, Mr. Lea; Certificates, Mr. Whitelam and Mr. Chittenden. Midwifery: Silver Medal, Mr. Burroughs; Certificates, Mr. Noakes and Mr. Leigh. Forensic Medicine: Silver Medal, Mr. Leigh; Certificate, Mr. Weston. Pathology: Silver Medal, Mr. Leigh; Certificate, Mr. Hanson. Practical Chemistry: Silver Medal, Mr. Lea; Certificate, Mr. Champneys.

Dr. POLLOCK (the Dean), in presenting his annual report, congratulated the school upon its continued prosperity, and especially adverted to the cordial co-operation and good feeling of the hospital authorities, as shown more especially by the improvements which they are about to make in the school premises. The governors having secured the possession of two more houses in Chandos-street would shortly increase the number of beds to 150. The addition to, and enlargement of, the school accommodation would include a new museum, dissecting-room, laboratory, and offices, the whole of which are expected to be completed by the 1st of next October. The increase in the number of beds would necessitate an enlargement of the staff, which would strengthen the school, as well as increase the efficiency of the hospital. After speaking of other matters of congratulation and satisfaction, Dr. Pollock concluded his report by observing that at the Charing-cross Hospital the medical student would now find every means of acquiring a thorough knowledge of his profession.

Correspondence.

"Audi alteram partem."

AID TO THE WOUNDED IN BATTLE.

To the Editor of THE LANCET.

SIR,—I have received so many letters, more than I can fully reply to, from medical gentlemen as well as others, making inquiries on the subject of volunteer aid to the sick and wounded of the hostile armies on the Continent, in consequence of my name and address having been mentioned by Colonel Loyd Lindsay, V.C., in a recent letter to *The Times*, on this subject, that I shall feel obliged if you will make the following information known through your columns. A full account of the constitution and regulations of the help-societies existing in the various countries of Europe may be found in a little book entitled "Help to Sick and Wounded," recently published by Messrs. Hotten, Piccadilly. A provisional committee for forming a central national society for help to sick and wounded in time of war, in connexion with the other national societies of Europe, has just been constituted in London, Lord Eliot, Captain Burgess, and Mr. Furley, acting as secretaries. The present address of this Committee is 8, St. Martin's-place, Trafalgar-square, London.

I am, Sir, obediently yours,

Netley, July 27th, 1870. THOMAS LONGMORE.

THE OPEN-AIR TREATMENT OF DISEASE.

To the Editor of THE LANCET.

SIR,—It is with feelings of lively satisfaction that I read your paragraph in THE LANCET of July 23rd on the open-air treatment of disease. You refer more especially to the treatment of typhus fever in the open air. I have for some years been endeavouring to urge this upon the profession, and I was, I believe, the first to draw attention to the plan, or, at any rate, to carry it out systematically. I forward to you by this post a pamphlet upon the open-air treatment of typhus, which is a reprint of an article I published on this subject in St. George's Hospital Reports, vol i., 1868. I had then the charge of the fever wards in the Leeds Fever Hospital, and I was gradually led by experience so to increase "ventilation" that at length I had the windows in all the wards fastened by nails, so that they could not be closed. During the whole of the winter of a severe epidemic of typhus we had open air in the wards, so that the nurses had to wear bonnets or other head-coverings, and the breezes played freely about the beds. You will see from the statistics that the mortality was remarkably lessened, and we never had any chest or other internal "complications." When I gave up the charge of the wards our resident officer, Mr. Libbey, also retired, and routine and prejudice regained the upper hand. Under Dr. Eddison's care, however, I believe something like the old system is now restored. Many private persons—several members of the Board of Guardians, for example—have said repeatedly to me of their own accord of late that the diminution in mortality during the time of the open-air treatment had made a strong impression upon them. It was not until I had the plan in full operation that Professor Rolleston called my attention to the facts noted in the Irish fever, to which you published further testimony on Saturday. It will be a great satisfaction to me if you will keep the matter before the profession, as I am sure it is of greater moment than the present cold water system. It probably acts somewhat similarly, and it is easy of management, while the cold water system presents almost insuperable difficulties in extensive hospital practice.

I am, Sir, your obedient servant,

Leeds, July 25th, 1870. T. CLIFFORD ALLBUTT.

SMALL-POX AND VACCINATION.

To the Editor of THE LANCET.

SIR,—Your article in THE LANCET of the 10th inst. on "Small-pox and Vaccination" has induced me to write to you on the subject, with the hope that a little ventilation may lead to better understanding of the causes which prevent the working of the Vaccination Acts.

I have held office as public vaccinator here for ten years, and have been in the habit of laboriously looking up all unvaccinated children, by calling at their houses, and by instituting proceedings where they were more than ordinarily refractory.

By these means I have vaccinated a large proportion of the children born in this district, and although small-pox has three or four times been imported into the neighbourhood, it has never spread beyond the house to which the affected person has been brought.

Rather more than two years ago, the inspector sent by the Privy Council advised me to vaccinate only at stations, with the promise that the Privy Council would interfere if the regulations of the Acts were not then complied with; the result has been that in the four half-yearly periods I have made thirty-two visits to two of my stations, and vaccinated twenty-two children, and nine of these were necessarily vaccinated with points, instead of from arm to arm, which should be one great advantage of using vaccinating stations. If small-pox were now to come into this neighbourhood it would find scores of children unprotected; and much as I wish to carry out my part, I cannot do it, because the Privy Council has tied my hands.

I know that some, and have no doubt that many, public vaccinators suffer in the same way as myself, and I hope that, if you kindly publish this letter, some better remedy may be proposed than the one which to me appears the most feasible—namely, that in country districts one, or at most two stations should be allotted to each public vaccinator, or one to each parish situate more than two miles from his house, and that the guardians should provide a vehicle to carry those mothers who live at a distance from the station, and a public prosecutor to find out and punish those who try to evade the law. Two of my parishes, in each of which there is one station, measure five miles and four miles and a half respectively, from end to end (as the crow flies), and some of the poor women have to bring their children over four miles to the nearest station; now, adding this distance to country prejudice, an insuperable obstacle is at once produced, and to this the absence of coercion is only a needless addition to make the Vaccination Acts a dead letter. Each parish might be made to provide its own vehicle, and the vehicle would only be wanted in such wide parishes as I have described, and two, or at most four days in the year would suffice to bring all distant cases to the stations.

I would say more as to the class of man for public prosecutor, but space forbids. I trust some one more able than myself will improve on my suggestions.

I remain, Sir, your obedient servant,

Grimston, Lynn, Norfolk, July 11th, 1870. A. E. BARRETT.

THE DENTAL DIPLOMA.

To the Editor of THE LANCET.

SIR,—Your excellent article on the Dental Diploma question is most encouraging to those who are moving in the matter; but it contains an accidental inaccuracy which, in justice, I beg permission to correct. The last examination was held in August, 1869, not 1868, and on that occasion seven candidates passed. Permit me to add that I have too high a respect for the gentlemen constituting the governing body of the Royal College of Surgeons to believe that they will be actuated in their decision on the subject (if appealed to) by any other than the purest desire to act justly and judiciously to all parties. — I am, Sir, yours &c.,

CHARLES JAMES FOX, M.R.C.S., L.D.S.

Mortimer-street, Cavendish-square, July 25th, 1870.

*** The error as to the date arose from the fact that the College Calendar, though published in October, does not give any notice of examinations held after July 8th, the date of the annual meeting of the Council.—ED. L.

Parliamentary Intelligence.

HOUSE OF LORDS.

JULY 21ST, 1870.

MEDICAL OFFICERS' SUPERANNUATION BILL.

THE report on the Bill was received, and some further amendments were agreed to.

Lord REDESDALE proposed to insert a new clause providing that before any medical officer should be superannuated under the Bill, there should be required a certificate from a Poor-law inspector, stating that the person to whom it was intended to give a pension was incapable of performing the duties of his office with efficiency, and was not continuing his private practice.

This clause was agreed to.

HOUSE OF COMMONS.

JULY 21ST.

MILITARY SURGEONS AND THE WAR.

Major ANSON asked the Secretary of State for War whether he intended to request permission for a British military surgeon of experience to be attached to the head-quarters of the French and Prussian armies for the purpose of studying and reporting upon the effects of the more recent inventions of modern warfare, and the most approved methods of transporting sick and wounded men during rapid movements of troops.

Mr. CARDWELL. — The Director-General of the Army has called my attention to the importance of the measure suggested by my hon. and gallant friend, and I will endeavour to carry it into effect.

JULY 25TH.

THE MEDICAL BILL.

In answer to Dr. PLAYFAIR,

Mr. W. E. FORSTER said the Government found themselves reluctantly under the necessity of withdrawing this Bill, as it would be impossible at this period of the session to deal with the question of the constitution of the Medical Council, which there was a desire in some quarters that the Bill should embrace.

INFECTIOUS DISEASE ON BOARD VESSELS.

Mr. EDWARDS asked the Vice-president of the Council whether the Privy Council did not very much rely upon the information supplied by pilots for the detection of infectious disease on board vessels arriving from infected ports, and whether the abolition of compulsory pilotage would not have a tendency to remove one of the best securities for the enforcement of the quarantine laws, inasmuch as under an optional system of pilotage masters would not, by declining to take pilots, hope to conceal the fact of infected cases.

Mr. W. E. FORSTER said he had found on inquiry that the Privy Council did not rely upon the information given by pilots, because they were not bound by any statutory regulations to furnish it; but he did not doubt that in some cases they obtained such information. With regard to the latter part of the question, the proper time for him to give an answer would be when the Bill referred to was under discussion.

The Habitual Drunkards Bill was withdrawn.

Obituary.

PROFESSOR VON GRAEFE.

WE are called upon this week to record the loss to medical science of one of its brightest ornaments, in the untimely death of Albrecht von Graefe. The son of an eminent surgeon at Berlin, who was also an oculist of some repute, von Graefe was early attracted to that branch of our profession which he taught and practised with such brilliant success, and with which his name will always be identified. After completing his professional studies, and after visiting England in 1851, in company with his friend

Professor Donders, young von Graefe commenced practice in Berlin, and soon afterwards opened the Ophthalmic Hospital, which his labours have since made world-renowned. In 1853, in conjunction with Arlt and Donders, he established the *Archiv für Ophthalmologie*, to every volume of which he has been a contributor of papers involving researches of the most careful and laborious kind, and which soon raised him to acknowledged pre-eminence in his calling. Of late years the education of an oculist has been incomplete until, in the words of a distinguished English member of the craft, "he has lighted his taper at the torch of the great master von Graefe;" and not only in Germany, but in France, Russia, England, and even in America, the men who in this department are most rapidly rising into fame have, almost without exception, been his pupils.

It was the good fortune of von Graefe to enter upon his task in life at a time when the ophthalmoscope had just opened out new methods of investigation, and when a rich harvest of results waited to reward the patient truth-seeker. For the work that lay under his hand he was pre-eminently qualified. A writer in the second volume of the *Ophthalmic Review*, referring to the means of research then for the first time afforded to oculists, speaks as follows of von Graefe's share in their employment:—

"These means found in Germany the master-mind required for their complete utilisation. They found in Professor von Graefe an intellectual character that is rare in any country, and at any time; a thoroughly original and profound thinker, a painstaking and accurate observer, a man trained in scientific methods, and habituated, both by nature and education, to refer events to the causes that had produced them—in one word, a philosopher; and this philosopher was surrounded by every appliance that could facilitate his labours. Thoroughly versed in all the learning that could be made to converge upon his path, placed in an almost unequalled field of observation, and surrounded by younger men, of capacities and attainments kindred to his own, attracted from all countries by the splendour of his fame, and eager to work under his direction, he could scarcely fail to develop brilliant results from the ophthalmoscope, and from cognate methods of research, at a time when those methods, beyond the country of their origin, were only beginning to be appreciated as resources of possible, but still unproved utility."

The actual achievements of von Graefe for his beloved science were like those of the Emperor Augustus, who found Rome of brick and left it of marble. His first contribution to the *Archiv* was upon the physiology and pathology of the oblique muscles; and it will give some idea of the versatility of his powers to say that the same number also contained papers from his pen upon double vision after squint operations, upon diphtheritic conjunctivitis, upon cases under his treatment, and upon the effect of the most refrangible of the solar rays upon sensation. A few years later came his great discovery that the glaucomatous process could be arrested by iridectomy; and after announcing this to the Ophthalmological Congress at Brussels, he published in the *Archiv*—vols. 3 and 4—the two essays upon iridectomy that were translated for the Sydenham Society by Mr. Windsor. After a time his attention was much given to the investigation of the cerebral causes of blindness, on which he wrote several papers; and his last great work was to introduce and bring to perfection the "modified linear extraction" of cataract. In this operation many of the details on which v. Graefe dwelt were, perhaps, only of personal importance, since details of manipulation must vary with the dexterity of the surgeon; but the principle of the small external wound and the iridectomy has now been almost universally accepted, and must already have saved from destruction many hundreds of eyes that would otherwise have perished, as a matter of percentage, by some of the accidents incidental to the earlier method of operating. In the meanwhile, and interspersed among the greater monuments of his fame, the successive volumes of the *Archiv* contain his contributions to almost every branch of ocular pathology and therapeutics.

Besides the *Archiv*, von Graefe was a frequent contributor to the Medical Society of Berlin, and to various medical journals. His method of cataract extraction was ferociously attacked in a pamphlet by von Hasner, of Prague, whose future fame will probably rest upon this circumstance, and be kept from oblivion by the singular felicity with which von Graefe demolished his statements and disproved his arguments.

In person the Professor was of striking aspect—tall, slight, with long dark hair and beard, large lustrous dark eyes, and an expression singularly blended of mildness and dignity. He spoke English well, French and his native language with great animation and fluency; and his exhaustive knowledge of his ordinary subjects of discourse enabled him at once to enchain the attention and win the confidence of a listener. His personal ascendancy over his patients, pupils, nurses, was that of a man whose innate gifts fitted him to rule. In the narrow sense of the word he was no specialist; and it was difficult to say which was the most marvellous,—his perfect mastery of every principle and detail of ophthalmology, or his command of illustrations from other departments of medicine, and his readiness to apply general principles to the cases that came under his care.

Von Graefe was married to a Danish lady, and leaves two children. He died of phthisis, under which he had been labouring for some years, and which appears to have followed an attack of acute pleuro-pneumonia, by which he was for several months disabled, and to which, as well as to the chief points of his career, allusion is made in the dedication to him of Donders' book on Astigmatism. At the time of his death his age could scarcely have exceeded forty-five years; and, for the last nineteen of those years, he has been to the human race one of the greatest of its benefactors. It is perhaps not too much to say that there can hardly be, either in Europe or America, a community of ten thousand people which does not contain at least one individual who is in the enjoyment of vision that has been preserved by iridectomy, and who, if von Graefe had not lived, would now be unable to see the sun.

MR. W. J. ISBELL
(PLYMOUTH).

WE greatly regret to announce the death of the above gentleman, late of St. Andrew's Lodge, Lockyer-street, Plymouth, which occurred yesterday morning, at Hampstead. The deceased gentleman was a member of a family which has held a most prominent position in Stonehouse for several generations. His father practised there as a physician for many years, and the deceased was also in practice there for about twenty-four years—in fact, from his passing until his removal to Plymouth, which took place about eleven years ago, and was necessitated by the large increase of his practice. Mr. Isbell was a Fellow of the Royal College of Surgeons, and a licentiate of the College of Physicians of Edinburgh. He was very highly and deservedly respected, and indeed beloved, by his numerous patients, for his uniform kindness, assiduous attention, and undoubted abilities; and his loss will be lamented by a very large circle besides his personal friends. He died from pyæmia, the primary disease having been prostatic abscess. Soon after his arrival in London he was seen by Mr. Paget; and shortly before his death by Dr. Habershon and Mr. Spencer Wells, and he was under the immediate attendance of Mr. Lord, of Hampstead, and Mr. W. M. Myers, Assist.-surgeon, Coldstream Guards.

Mr. Isbell was about fifty-seven years of age, and had been in partnership for fourteen years with Mr. Christopher Bulteel, surgeon to the Royal Albert Hospital.

Three years ago Mr. Isbell received her Majesty's commission as a Justice of the Peace for Plymouth, and he was most zealous and efficient in performing his magisterial duties, his discernment being quick and penetrating, and his impartiality undoubted. Mr. Isbell was one of the senior members of the Royal Western Yacht Club, to which he was surgeon, and the flag at the Club was last night hoisted half-mast high.—*Western Morning News*, July 19th.

THE foot-and-mouth disease in Staffordshire, so far from diminishing, continues to spread, but seems to be more troublesome than fatal. Last week forty additional farms were reported.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the final examination for the diploma, were duly admitted members of the College at meetings of the Court of Examiners on the 26th and 27th inst.:—

Allen, Matthew S., L.S.A., Dudley.
Amadeo, Antonio José, M.D. Philadelphia, Porto Rico.
Baker, Alfred, Southport.
Biddle, Cornelius, Merthyr Tydvil.
Bishop, John, L.R.C.P. Lond., Sheffield.
Carter, Alfred Henry, L.S.A., Pewsey, Wilts.
Chute, Henry Macready, Bristol.
Deshon, Frederick Peter, L.S.A., Conlston, Wilts.
Dixon, John, Newcastle-upon-Tyne.
*Dove, William Watson, L.R.C.P. Edin., Ledbury-road.
Dudley, William H., Stafford.
*Eagle, Henry Frederick C., L.S.A., London Hospital.
Edmonds, Frederick H., Croydon.
*Evans, Samuel, L.S.A., Landovery, S. Wales.
Glanville, Doyle, Gloster-road.
Ghose, Kristo Dhan, L.M. & S. Calcutta, Calcutta.
Groom, Charles F., Horton Bucks.
Hickman, Richard, Newbury, Berks.
*Hogg, Arthur John, L.R.C.P. Edin., Ealing, Middlesex.
Holland, Neville, L.S.A., St. Ives, Hunts.
Holmes, Charles, L.R.C.P. Lond., Ardwick.
Ingoldby, Joseph T., Finsbury-square.
Jackson, Henry Ensworth, Highbury.
Jervis, Charles, St. John's-wood Park.
Lambert, William Hugh, Liverpool.
Lediard, Henry A., M.B. Edin., Cheltenham.
Lee, Edward S., L.S.A., Savile-row.
*Leigh, Richmond, L.S.A., Liverpool.
Liston, James Robert, Peckham, Surrey.
Millson, George, L.R.C.P. Lond., Donington, near Spalding.
*Nicholls, Howard H. J., L.S.A., Kennington-park.
Norman, Alfred B., Ilkeston.
Norman, George, Ladbroke-grove.
O'Connor, Charles, Cavan.
O'Leary, Morgan Philip, Ballintarmin, Co. Kerry.
Palmer, William James, L.S.A., Great Yarmouth.
*Parmiter, Henry, L.S.A., Dorchester.
Payne, Martin Henry, L.R.C.P. Edin., L.S.A., Bridgewater.
Perkins, Charles E. S., L.S.A., Exeter.
*Renwick, William, L.R.C.P. Edin., Tyr Phil, S. Wales.
Robinson, John Desborough, Syston.
Swan, Richard J., Dublin.
Stickland, Samuel, New Charlton, Kent.
Taylor, George S., Heworth, Yorks.
Tennant, Edward G., Stanford-road, Kensington.
Walker, Thomas A., Dudley.
*Way, Edward Willis, L.R.C.P. Lond., Adelaide, S. Australia.
Webster, Henry William, Tamworth.
Wood, Edwin Brownrigg, Birmingham.
Young, Adam, Boston, Lincolnshire.

* These gentlemen passed their examinations in Surgery at previous meetings of the Court, and, having since obtained medical qualifications recognised by the College, were admitted Members.

The following gentlemen passed the primary examination in Anatomy and Physiology on the 21st inst.:—

Wm. H. Spurgin, T. H. Fagg, and John Morris, Guy's; Alfred Edwards, University College; Francis W. Butler, Westminster Hospital; William H. Cripps, Reginald Wade, and C. L. M. Iredell, St. Bartholomew's; E. J. Crouch, Charing-cross Hospital.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 21st:—

Aston, John Pitney, Eccleshill, near Leeds.
Davies, William Bowen, Llandovery.
Hepworth, William Henry, Heathfield, Sussex.
Peel, John Richard, Gower-street, Bedford-square.
Shaw, Bernard John, Attercliffe, Yorkshire.

As Assistants in Compounding and Dispensing Medicines:—

Hayden, William Frederic, Fordingbridge.
Hogg, Joseph Fawcett, North Shields.

The following gentlemen also on the same day passed their first professional examination:—

Harry Edward Bridgman, John Glanvill, Amiraux Godfray, and John Frazer Weatherhead, St. Bartholomew's; John Howell Thomas, London Hospital; Wm. Barrow Wall, University College; Walter Geo. Watson, St. Mary's.

DR. A. VANS BEST, F.R.C.S.E., is one of the candidates for the post of surgeon to the Royal Infirmary, Aberdeen.

THE HEALTH OF WIMBLEDON CAMP.—The medical report this year will be a satisfactory one. Last year the average number of persons sleeping in the camp each night, exclusive of the flying column, was 2425; this year it has reached rather over 2500. Of these, the entire number treated by Surgeon-Major Wyatt and his assistants at the hospital were 143. The chief disorders were diarrhœa, dyspepsia, and colic. There was but one case of sunstroke, and the greater part of the 143 patients did not need to be admitted into the hospital. A great improvement in the water-supply this year deserves to be noticed, as the Council of the Association incurred great expense to have water laid on in every camp.

SYDENHAM DISTRICT MEDICAL SOCIETY. — The following is the list of officers for the ensuing year:—President: Dr. Wilkinson. Vice-presidents: Dr. Grayling and Dr. Hetley. Treasurer: Mr. C. B. Waller. Committee: Dr. Bell, Mr. B. N. Dalton, Mr. Lord Huntley, Mr. Edward Ray, Dr. Philpot, Dr. Tayler. Hon. Secretaries: Dr. J. M. Bright and Mr. J. S. Turner. Hon. Librarians: Dr. J. M. Bright and Dr. Allen Duke. The annual dinner will be held at the Crystal Palace about the middle of October.

MEDICAL HELP FOR THE PRUSSIAN ARMY. — The Minister of Public Instruction has empowered the Universities of Königsberg, Berlin, Breslau, Greifswald, Halle, Göttingen, Marburg, Bonn, and Kiel, to shorten the time of study of such students who are very near the final examination, and thus contrive to supply, without delay, the army with additional doctors of medicine. We find no appeal in the German medical papers to students who might wish to act as volunteers in the medical department of the army; such appeals have, however, been made in France.

CARE OF THE SICK AND WOUNDED IN PARIS.—The association formed for this purpose some time ago, before the horrors of war were so close at hand, is now entering on a period of feverish activity. Dr. Nélaton is the president of the medical section, and the most urgent appeal is addressed to the French people for assistance in money, linen, medical men, and voluntary nurses. The object is to offer succour to the wounded on the field of battle, without distinction of nationality; and the organisation is going on so rapidly, so many practitioners have come forward to do duty, and the resources of the association are increasing at such a pace, that the benevolent views of the members are likely to be carried out in time of need to the great benefit of the victims of the unhappy conflict which is near at hand. A neutral flag has been granted to hospital-ships; and the yacht *Diana*, of a hundred tons, belonging to M. Benoit de Champy, one of the committee of the society, has just been fitted out. She will place herself in communication with benevolent people on the northern ports of France, and help in organising assistance for the sick and wounded. Fifty medical students of Lyons have offered their services either for military hospitals or the ambulances. *L'Opinion Médicale* of July 23rd deplores the inefficiency and tyrannical interference of the commissariat in medical matters, and quotes the splendid work of Chenu to show that the efforts of surgeons of all grades are paralysed by the red tapeism of the commissariat.

RAILWAY INJURY.—A case was tried last week in Kerry, Ireland, in which a person named Joseph Lynch, aged forty-two, a traveller for Messrs. Watts and Co., of Manchester, at a salary of £550 a year, brought an action against the Great Southern and Western Railway Company, for injuries received on the Tralee and Killarney Railway on the 14th of May last, the damages being laid at £5000. It appeared that the carriage in which the plaintiff was sitting was smashed to pieces, and that he was found insensible on the line, remaining unconscious for upwards of five hours. The medical evidence showed that he had experienced concussion of the brain, and received several wounds upon his head, fracture of the skull, broken arm, injury to scapula, and had three of his teeth broken, besides numerous contusions on other parts of his body. The medical gentleman who attended him considered that it was almost impossible that he should ever be freed from the effects of the accident, and that there will always be danger to his brain. Corroborative evidence was given by the President of the College of Surgeons to the effect that in his opinion he would never be able to resume any business, and that he ought for the rest of his life to remain perfectly quiet. The defendants produced no witnesses; and Justice Keogh having charged the jury, they assessed the damages at £3500.

Medical Appointments.

BADGE, Dr. N., has been appointed Assistant Medical Officer to the "Hamadryad" Hospital Ship, Cardiff.

BELLAMY, E., F.R.C.S.E., has been appointed an Assistant-Surgeon at Charing-cross Hospital.

BUTLER, Mr. F. W., has been appointed Assistant House-Surgeon to the Westminster Hospital, vice Mr. F. Wallis, whose term of office has expired.

CAMPBELL, A., L.F.P. & S. Glas., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for No. 4 District of the Lincoln Union, vice W. Smith, M.R.C.S., resigned.

CAMPBELL, W., L.R.C.S.Ed., has been appointed Assistant-Surgeon to the East Sussex, Hastings, and St. Leonards Infirmary.

COCKCROFT, G. E., M.R.C.S.E., has been appointed Medical Officer for the Hurworth District of the Darlington Union, vice T. Cossar, M.D., resigned.

COOMBE, R. G., jun., L.R.C.P.Ed., has been appointed Medical Officer for the Bradwell District of the Maldon Union, Essex, vice C. Read, M.R.C.S.E., resigned.

FENN, E. L., M.B., has been appointed Medical Officer for District No. 6 of the Sudbury Union, Suffolk, vice T. H. Fenn, M.R.C.S.E., deceased.

GODSON, C., M.R.C.S.E., Senior Obstetric Assistant to St. Bartholomew's Hospital, has been appointed Surgeon-Accoucheur to the City of London Lying-in Hospital, City-road, vice Hetman C. Harris, F.R.C.S.E., deceased.

HAY, Dr. P. G., has been appointed Assistant Medical Officer at the Aberdeen Royal Lunatic Asylum, vice R. R. Alexander, M.B., appointed to the Buckinghamshire Lunatic Asylum, Stone.

LE TALL, F. T., M.R.C.S.E., has been appointed Medical Officer for the Brighton District of the Rotherham Union, Yorkshire, vice B. Le Tall, L.R.C.S.Ed., resigned.

MACALDIN, Dr., of Tavistock-square, has been appointed Physician to the Westminster General Dispensary, Gerrard-street, Soho.

MALE, H. D., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the Lincoln General Dispensary, vice S. J. Truman, resigned.

MOWAT, G., M.R.C.S.E., has been appointed an Out-door Medical Officer of the Swansea Hospital.

NORRISH, J., M.R.C.S.E., has been appointed Surgeon to the Chontales Gold and Silver Mining Company, Nicaragua, vice John H. Simpson, L.R.C.P.L., resigned.

ORANGE, W., M.D., has been appointed Medical Superintendent of the Broadmoor Lunatic Asylum, vice J. Meyer, M.D., deceased.

POWER, H., F.R.C.S.E., has been appointed an Ophthalmic Surgeon at St. Bartholomew's Hospital.

ROW, W., M.R.C.S.E., has been appointed Medical Officer for the Clipsham District of the Stamford Union, vice G. M. Ashforth, M.D., resigned.

RUXTON, J., M.B., has been appointed Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, vice J. Moore, L.R.C.P.Ed., resigned.

SNOW, R. L., M.B., M.R.C.S.E., L.S.A., has been appointed House-Surgeon to the South Staffordshire General Hospital, vice Mr. J. C. M'Donald, resigned.

STEVEN, A., M.D., has been appointed Medical Registrar at the Hospital for Sick Children, Great Ormond-street.

UNDERHILL, Dr. A. S., has been appointed Resident Medical Officer at the Birmingham and Midland Free Hospital for Sick Children, vice F. P. Davies, M.B., resigned.

VERNON, B. J., F.R.C.S.E., has been appointed an Ophthalmic Surgeon at St. Bartholomew's Hospital.

WHITCOMBE, E. B., M.R.C.S.E., Resident Medical Officer at the Birmingham Workhouse, has been appointed Assistant Medical Officer to the Birmingham Borough Lunatic Asylum, vice James Rutherford, M.D., appointed Resident Medical Superintendent of the Argyll and Bute Lunatic Asylum, Lochgilphead.

WILLS, Mr. C. J., of the Liverpool Royal Infirmary, has been appointed Assistant to the House-Surgeon of the Northampton General Infirmary, vice Mr. F. Lee Cogan, resigned.

Births, Marriages, and Deaths.

BIRTHS.

ANDREWS.—On the 6th inst., at Oakley-square, the wife of Henry Charles Andrews, M.D., of a son and daughter.

MEAD.—On the 25th inst., at Bridge House, Christchurch, Hants, the wife of H. T. Harvey Mead, M.R.C.S., of a daughter.

PERCIVAL.—On the 14th inst., at Ash-grove, Knottingley, the wife of T. Percival, Surgeon, of a son.

PHILPOTS.—On the 25th inst., at Leamington, the wife of E. P. Philpots, M.D., C.M., of a daughter.

TEALE.—On the 22nd inst., at St. Nicholas-parade, Scarborough, the wife of J. W. Teale, M.A., F.R.C.S., of a daughter.

WILLIAMS.—On the 26th inst., at Broomfield, Swinton, near Manchester, the wife of John Williams, M.D., of a daughter.

MARRIAGES.

HOPKINS—SMITH.—On the 23rd inst., at St. Mary's, Bryanstone-square, Alfred Boyd Hopkins, M.R.C.S., third surviving son of John Hopkins, Esq., of Laurie-park, Sydenham, to Frances Eliza, third daughter of J. E. Smith, Esq., of Gloucester-place, Portman-square.—No Cards.

IRVINE—EDIE.—On the 19th inst., at St. Silas, Liverpool, John W. Irvine, M.D., to Mary, widow of John Edie, L.R.C.S.Ed.

DEATHS.

BALL.—On the 20th inst., at Aldershot, John J. Ball, M.D., Assistant-Surgeon 33rd Regiment, aged 26.

BRUEN.—On the 23rd inst., in London, A. Bruen, L.K.Q.C.P.I., Assistant-Surgeon 67th Regiment.

EDEN.—On the 21st inst., T. E. Eden, F.R.C.S.E., of Brighton.

FALCONER.—On the 24th inst., Wm. Falconer, L.F.P. & S. Glas., of Paisley, aged 68.

GRAY.—On the 19th inst., John P. Gray, L.K.Q.C.P.I., of Kingstown, Co. Dublin.

MIDDLETON.—On the 20th inst., at Brussels, J. W. Middleton, M.D., M.R.C.S.E., in the 33rd year of his age.

WAINWRIGHT.—On the 22nd inst., Thomas Wainwright, M.R.C.S.E., of Barnsley, Yorkshire.

Medical Diary of the Week.

Monday, Aug. 1.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Aug. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—Special Meeting at the London Institution, Finsbury-circus.—8 P.M. Baboo Gopaul Chunder Roy, "On the State of Medicine in India before the British Rule." Baboo Keshub Chunder Sen is expected to address the meeting.

Thursday, Aug. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

Friday, Aug. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

Saturday, Aug. 6.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

NEGLECT OF PRACTICAL INSTRUCTION AT THE FACULTY OF MEDICINE OF PARIS.

THIS was lately very forcibly shown, according to the *International* of July 25th. A great number of students have volunteered to serve in the flying hospitals, or in the ranks of the Society instituted to afford help to the wounded, or else to take the place, in the hospitals of Paris, of the military surgeons who have left for the advancing army. These devoted young men were, in some degree *pro formâ*, subjected to an examination before the Director-General of the Military Medical School of Val de Grâce, and were found so deficient (although students of four years' standing) in dressing, bandaging, and the care of the sick, that special instruction is now being rapidly given to them in those important requisites.

P. T. P.—We do not think so. Strictly speaking, only officers of the military and naval services and deputy-lieutenants of counties are entitled to use it.

Mr. F. J. Wollen's letter shall receive attention next week.

ALLEGED BREACH OF PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Having been a reader of THE LANCET many years, and knowing the impartial tone of that journal, induces me to notice a letter in your last week's issue from Dr. Thomson (lately an assistant of mine, and now in practice here), charging me with "a gross breach of professional etiquette."

May I request the favour of your allowing him to inform me, through the medium of your journal, of the names and residences of the patients I have visited, &c. Had this been done in his former communication, it would have saved both time and trouble. Yours obediently,

Higham Ferrers, July 27th, 1870. T. J. STERLING.

ANOTHER MODEL TOWN.

SOME time since we referred to a Mr. Toner, an extensive landowner in Ireland, on whose property, covering a space of over sixty square miles, no public-house existed, and where crime was almost eradicated by preventing drunkenness. We are glad this week to state that another town in Ireland exists which contains no public-house. Bessbrook is the name of the place, a manufacturing town near *Newry*. Its proprietor, a Mr. Richardson, with some members of the Society of Friends, founded the Bessbrook Spinning Company, and erected spinning-mills. The factory has grown so large that it gives employment to 3000 hands. There are no police in the place, Mr. Richardson alleging that so long as he keeps out the public-house they can do without police; but that as soon as the tap-room is introduced, they will require the constabulary. The operatives are models of sobriety and good order, the town being wholly free from the sad scenes which are to be met with in much smaller populations. Would that we could chronicle many more towns of the same kind; it would conduce greatly to the lessening of disease and lowering of taxes.

Mr. E. L. Crowther (Hogsthorpe) states that the life-boat which he was instrumental in establishing on the Lincolnshire coast has already done good service. *O navis, referent in mare te novi Fluctus?* is a question to which we hope it will continue to give a satisfactory response.

Dr. G. F. Pritchard (Teynham, Kent) will find his letter inserted in THE LANCET of the 9th instant, p. 72.

Medicus should consult the article in "Holmes's Surgery."

A SOCIAL SORE.

To the Editor of THE LANCET.

SIR,—I am glad to find from a leading article in a recent number of THE LANCET that your attention has been directed to the injury inflicted by the general periodical press, as the alder and abettor of the advertising quack, on society at large, and the medical profession in particular. It is a foul, chronic, conventional sore, the treatment of which, with probe and caustic, I have long wished to see undertaken by an approved practitioner. I regret, however, that your denunciation is limited to the working of this unnatural alliance "in many of the country and a few of the more degraded of the London papers," when, with a few honourable exceptions, it might justly extend to the great body of our periodical literature. Why bring to book the *Little Peddington Gazette*, or the literary oracle of the pothouse, and pass over the delinquencies of the nostrum-monger's equally constant and infinitely more powerful ally—the popular serial, read of all readers, high and low, over the length and breadth of the land? By what arguments the conductors of these otherwise useful publications would seek to justify the connexion—could they be induced to make the attempt,—I confess my utter inability even to conjecture.

It were but a lame defence to say what might, doubtless, in most instances be said with truth, that they are not *of set purpose* the promoters of quackery. The editor, to be sure, has no *official* control over the advertising columns; but in another and higher capacity it is his bounden duty to take care that his talents and his reputation in the world of letters, while serving the cause of progress, and the interests of the publication over which he presides, shall not, at the same time, be made the means of advancing those of the impostor and the cheat; that the intellectual food he prepares for the many shall not be served in a poisoned vessel; that the schoolmaster, going abroad under his auspices, shall not be accompanied in his rounds by the gross feeder "on the ignorance and weakness of the people."

Nor can it be maintained that the evil complained of is an imaginary or a trivial one. Our England of to-day is, alas! as much the empiric's paradise as when, long ago, the reproachful epithet was first bestowed on her. To say nothing of the many thousands of our compatriots, helplessly ignorant and credulous at all points, who become his easy prey, the quack knows well, for his encouragement—as we "fair traders" know to our regret,—that many thousands more, well informed on general subjects, and "wide awake" enough in ordinary matters of business, are yet sufficiently unenlightened and gullable for his purpose when the question of their health alone is concerned. The sufferer from disease which resists all rational, unpretentious medication—the professional man jaded in mind and body by unremitting toil—the harassed speculator or trader—the overfed and underworked hypochondriac—the used-up *roué* and the fast young man, whose pleasant vices are bringing their Nemesis—the dweller in the air-polluted workshop and the etiolated sewer "with a double thread"—the hysterical Miss, injuriously excited by a life of fanaticism or of gaiety—the anxious but injudicious, and the mercenary and reckless tenders of "little olive plants,"—each and all, with a mixed multitude besides, are addressed by our periodical press, daily, weekly, and monthly, in behalf of the vendor of alleged infallible cures; the *bonus* being indispensable to the modern swindler, as was his prototype, the *jackpudding*, to the travelling mountebank of a former age. Without doubt the auxiliary fairly earns his not inconsiderable pay, establishing and maintaining for his employer a flourishing trade; for the worst enemy of the latter will allow that he is far wiser in his generation than to pursue, year after year, a system of cozening other than remunerative.

I accuse, then, the conductors of our general periodical publications of a complicity with sharpers of the vilest description—an unwitting complicity, it may be, in most cases, but one no whit less hurtful to the community on that account. I fear, however, that little can be expected in the shape of redress of this grievance from any general appeal "in the proper quarter," corporate ears being too often deaf to the voice of remonstrance, and corporate morals proverbially lax; and it has occurred to me that more might be done in the way of forcing conviction and conversion by dealing with an individual offender, one of mark and likelihood, whose example, if gained, would be influential. With your permission I will try, selecting for experiment, on several grounds of fitness, the distinguished editor of a religious periodical. Of high place in his clerical character, a host in himself as a *littérateur*, and aided by a numerous staff of able contributors, he has earned for the publication over which he presides a world-wide reception from readers of all classes. It is thus a very desirable "medium" for the puffing pretender to surpassing skill in the healing art, and he has not sought in vain to avail himself of its services as such. The slime of the reptile ever since the first issue of this excellent journal has been suffered to foul its advertising sheet. I take at random the uppermost of a heap beside me, the number for the present month; and on turning over the familiar red wrapper find, as I expected,

"Matter enough for deploring,"

as sings the Laureate in a well-known page of this same periodical, the loud and lying pretensions of the quack meeting the eye here and there throughout. Let me pick a few flowers from this not over-fragrant nosegay:—

Here is So-and-so proclaiming the marvellous powers of an apparatus of his invention in effecting "permanent cures of consumption, paralysis, epilepsy," &c. &c., "after all other means have failed." Here, too, is a self-capped Doctor of Medicine, with an appropriate surname, making known his book as a sure guide to relief from "indigestion, liver complaints, asthma, bronchitis, pulmonary consumption, rheumatism, gout, and all complaints attended with partial or general debility."

Now, is the distinguished editor a believer in this impudent charlatanry? If so, nothing more need be said *to him* on the subject. He may, of course, with a clear conscience go on introducing such handmaidens to the large and only too productive field at his disposal; and should any of the diseases just enumerated visit himself or his family, he will also, no doubt—consistency as well as prudence demanding it,—consign the invalid to the care of So-and-so, or his rival with the book! Certainly the distinguished editor might have difficulty in finding a regular physician able, as they profess themselves, to cope successfully in every case, with maladies so formidable, "*after all other means have failed.*"

Next comes the manifesto of a (so called) College of Health, setting forth the "universal" applicability and efficacy (no matter what the state and stage of disease) of the pill of the institution. Does the distinguished editor see nothing objectionable or dangerous to the liege*s* in this therapeutical simplicity? If not, the consulting rooms, the hospitals, and the sick-bed ministrations of medical men must appear in his eyes nothing better than costly shams. How soon, in accordance with this view, and from a sense of public duty, he may rouse himself and denounce them, who can tell? Let us look to our arms! A further utterance of the "College," of which the well-known periodical is also made the vehicle, condemns vaccination as "a poisoner of the blood." Is the distinguished editor prepared to endorse this opinion, and does he desire to give effect to it? The "Anti-Vaccination League," I am sure, would cordially admit him to its membership. A distinguished name on the list would be a perfect windfall for this remarkable enterprise of the day.

Proceeding with my garland-wearing, I cull (from another column of the periodical's advertising sheet) a specimen of the "blessing to mothers and nurses," family (Thingumy's) "soothing powders for children cutting their teeth;" and I confess that finding it in such a soil excites my special wonder little less than if I had discovered, instead, an advertisement for victims from a baby-farmer. The reading public in general must be well acquainted with the merits of advertised baby-soothers; for newspaper reports of coroners' inquests, and newspaper comments thereon, have shown, and continue to show, that drugs so employed are often *very soothing indeed* to the little recipients—absolutely specific, in fact, against all their ills, present and prospective. Can it be that the distinguished editor is exceptionally uninformed on this point?

But I must not longer tax your time and patience, and I fear I have already made an undue demand on your space. I believe I have said enough to satisfy you that I bring no groundless charge against the distinguished editor when I assert that his name and influence are made use of to disseminate, far and wide "*words*" which, unlike those characterised in the motto on his title-page, are *worth nothing*, and may *cost much* to the hearer.

I am, Sir, your obedient servant,

July, 1870. GIDEON GRAY.

W. P.—The appointments are made by the Director-General of the Army Medical Department. Candidates undergo an examination by a Board of medical officers, the proceedings being approved by the Director-General. In the event of a candidate being a member of the Pharmaceutical Society, this examination would probably be dispensed with; but the two last appointments were given to non-commissioned officers of the Army Hospital Corps. The rates of pay and allowances are laid down in the Royal Warrant of 1867. There are, however, no vacancies at present, nor are there likely to be any for some time.

A QUERY.

To the Editor of THE LANCET.

SIR,—I should be glad if any of your numerous readers could suggest a treatment for the cure of a nervous cough, arising in a female of a highly hysterical temperament, who has been under my treatment for upwards of two months. I have tried all the usual remedies—viz., valerian, camphor, assafœtida, shower-baths, &c., without the slightest benefit.

Yours truly,

July, 1870. A SUBSCRIBER.

X. ought to infer, from the extract he forwards us, that the scandal aroused by such cases is exactly proportioned to the rarity of their occurrence. Increased communication with the Continent has not been to the advantage of British morals; and the Latin nations particularly, belonging as they do to a less masculine "civilisation," have hitherto furnished forensic medicine with its most typical cases of the kind referred to.

TOWNLEY'S ANODYNE MIXTURE IN PARTURITION.

To the Editor of THE LANCET.

SIR,—Having given this mixture a fair trial, I am pleased to be able to give "Accoucheur" the benefit of my experience.

A year or so since I supplied myself with a copy of Dr. Townley's little book, entitled "Parturition without Pain," &c. Messrs. Weiss and Son made for me a "Townley's Inhaler," and I carefully prepared the anodyne according to the formula given. In several cases of labour I scrupulously carried out the instructions as to the mode of administration, the result in each case being a *complete failure* as regards immunity from pain; and I do not hesitate or so affirm that if Dr. Townley gives his patients the relief from suffering that his book represents, he most certainly must compound his mixture of very different drugs from any I have yet been able to obtain.

I am, Sir, yours faithfully,

New Wandsworth, July, 1870. JOHN MASON, M.D.

ARMY MEDICAL OFFICERS AND THE UNIFICATION SCHEME.

A Victim complains that one effect of the unification scheme would be to inflict a hardship on medical officers belonging to regiments, brigades, and batteries of artillery which were in India prior to 1865. These gentlemen are at present entitled to six months' Indian pay when leaving that country on sick certificate. If removed from the "strength" of these regiments, medical officers will lose the difference between Indian and English pay, which would be a loss to surgeon-majors of about £400, to surgeons of £294, and to assistant-surgeons of £140. The order applies to regiments and to individuals; so that once removed from the "strength" of their regiments, only English pay can be drawn from the date of embarkation in India. This is undoubtedly a grievance, and serves to explain the great unpopularity of the scheme with regimental medical officers.

LADY DOCTORS.

To the Editor of THE LANCET.

SIR,—Can you spare for one of your oldest correspondents a little space. The question is of women doctors and women's rights. It lies, I suppose, in a very small compass, and does not require the elaborate arguments *pro* and *con.* which it is the fashion just now to put forth in connexion with the subject.

No doubt, as matters are now managed, a large number of women must be celibates, and there being so involves more discomfort and more vice than most people appear to recognise. This number needs not to be anything like so large as it is. By some law, which as yet we scarcely understand, the aggregate of numbers relatively of men and women is not so very diverse. We know with some certainty how they are disposed, and where one or the other preponderates. In the order of nature each is intended for the other. It is, therefore, simply nonsense for one or the other to set up pride or other exclusive vice as a reason for not falling in with the laws so clearly indicated by the Higher Power. I cannot but regard as vicious, and as in direct contravention of His laws, the loud discussions now so common upon the separate independence of the sexes. Neither can, as a rule, say to the other, "I have no need of thee." Such discussions are, I think, mostly carried on by those who, like the wordy leaders of the working man, have not found, or have neglected to find, their own vocation, and, as they must be occupied, take to stirring up discontent in minds predisposed to be discontented. No doubt there are some of both sexes who are, in mind or body, or both, unfitted, or not so toned as, to take the duties and responsibilities of marriage. These, however, are few, very few. This may be allowed as in no respect contravening the laws of nature. They are the exceptions, and in this as much as in any case *exceptio probat regulam.* Women of this class, who cannot, or who persistently and for sufficient reasons will not, marry, should have the greatest facilities afforded them for a work in life—the higher the better.

It must be conceded, I think, that the qualities of men and the qualities of women are not quite alike. It must also be conceded that one has powers and excellences which the other has not; and as the occupations of life are multifarious enough, each, with fair play, may find the fitting vocation, without making a dead set at the occupations best fitted for the other.

To this my first class only can a preparation for the higher positions be a safe preparation. These women may prepare elaborately and earnestly for the business of life—a business which will not in their case be abruptly terminated by a likeable person of the other sex crossing their paths. The great majority of women are, however, as nature intended, marriageable, and inclined to marriage. Among these any preparation which would occupy them as for the first class would be but as time and abilities thrown away. No doubt these may prepare for usefulness; they may fill good positions; but all must be for the most part secondary, and consistent with the condition of being ready to pass entirely from them at any time when inclination and opportunity coming out of nature's laws point to another path.

And what is this other path? It is the path which leads to the position of wife and mother, and to woman as *the* instructress of the young. This position is a high one; it may be conceded that there is none higher; well managed, it is the chief agency in forming the character and principles of the generations to come. It is for women honestly and without squeamishness to consider this. It is because this high vocation is not sufficiently considered, that in the preparation for woman's life the pastimes and frivolities are so elaborately prepared for it, to the exclusion of the real, the useful, and the truly and lastingly loveable. It is, I think, owing to this shallow and perverted education, which has regard to the outer rather than to the inner woman, that a somewhat growing distaste for married life is mainly owing. Man and woman is each reacting more or less badly upon the other.

My first class of women may aim at almost anything; but these are wonderfully few. To any one of these I would concede everything.

My second class must be content to fill positions not requiring great preparation or exhaustive study—positions out of which they may, without injury to the future life, readily escape when time and opportunity serve for that high vocation designed by the Supreme One almost exclusively for *all* women.

To conclude. Marriage, as a rule, involves this: In the case of a man in business, a greater need, a greater aptitude, a greater pressure upon him to do his best. In the case of a woman in business, her preparation, if careful and elaborate, will have been, to some extent at least, thrown away. She will now have duties requiring all, or nearly all, her time and attention, and the business for which she so elaborately trained herself must be for the most part set aside.

I beg most respectfully to leave these points to the consideration of the disputants, more especially to those of the fairer sex.

I am, Sir, your obedient servant,

Forest Hill, July 13th, 1870. W. RENDLE.

A House-Surgeon and Guy's Man.—Having received the subpœna in Liverpool, he must attend the trial, or run the risk of the attorney bringing an action against him for having damnified his client by his absence. At the trial he may, *before being sworn*, apply to the judge to have his fees paid, and may then demand his travelling expenses, in addition to the fee of a guinea per diem from the opening of the assizes. Possibly the case may be settled or withdrawn, and our correspondent should, therefore, get a friend on the spot to ascertain if it is on the trial-paper.

E. S. J.—We know nothing of the Office. Take the advice of a solicitor.

SEPARATE WARDS AND HOSPITALS FOR SMALL-POX PATIENTS IN PARIS.

At last the nosocomial authorities in Paris and the profession of the capital have seen that treating variola in general wards of hospitals is cruel to the inmates of those institutions. Separate wards have been set apart, and the fortifications have been made to do service in this respect. The latter are supplied with buildings intended for small barracks, and these have lately been given up to the sick suffering from small-pox. It is to be hoped that our neighbours will, as is the case in London, establish special fever hospitals. There is no doubt that scarlatina, measles, &c., which are now treated in the ordinary medical wards at Paris, may sometimes spread in a fearful manner.

ATROPHY OF THE STOMACH.

To the Editor of THE LANCET.

SIR,—I have read with much interest the valuable communication of Dr. Fenwick in your issue of July 16th; but I should scarcely have written to comment upon it had not exception been taken to some of the conclusions drawn from the post-mortem appearances by your correspondent, Dr. Leared. He (Dr. Leared) asks whether the morbid lesions might not indeed be merely post-mortem results, instead of being the essence of the disease, as described by Dr. Fenwick.

On looking over the history of the case, it does appear to me that the symptoms which existed during life were very much those which might be expected to accompany a gradual process of organic destruction of gastric glandular structure; and if so, that we may fairly hope that Dr. Fenwick has discovered the organic lesion accompanying the disease he so well illustrates.

My object in now troubling you is to make the suggestion whether there is not still another explanation of the case to be given—viz., that the real cause of the stomach wasting may have existed in one of the large ganglionic centres behind the stomach, from which the nutritive nerves of the organ are derived.

A localisation is still wanted for that class of disorder called by Dr. Addison "idiopathic anæmia," and for one form of which I have in another place ventured to suggest the term "asthenia sympathetica" as a suitable name—an affection which, by whatever name called, is sufficiently common in this district, in greater or less severity, for me to have had frequent opportunities of calling the attention of the students at the Norfolk and Norwich Hospital to its peculiarities, and even to have ventured to theorise to them as to its probable localisation in the solar plexus or the semilunar ganglia.

It would seem doubtful if the true melasma supra-renalis is intrinsically anything more than a local manifestation in the supra-renal bodies of a general scrofulosis; and if so, is it so improbable that the "idiopathic anæmia," or "atrophy of the stomach glands," may stand in the same relation to the great abdominal ganglia as the deposit in Addison's disease does to its special local cause?

I must not, I know, now trespass any further on your space; and I will, in conclusion, merely refer to a paper on "Melasma and Allied Affections," published by me in the second volume of the *British Medical Journal* for 1868, wherein the view I have now expressed is more fully developed.

I am, Sir, yours obediently,

Norwich, July 25th, 1870. PETER EADE, M.D.

Dr. A. J. Mackintosh (Downham) will oblige by sending us particulars (in as concise a form as possible) of the case.

E. J. T., (Sheffield.)—Another proof that new brooms do not always sweep clean.

PROFESSIONAL INCONSISTENCY.

To the Editor of THE LANCET.

SIR,—"Observer" in your last number uses some very strong terms in condemnation of seven professional brethren residing in the same town with himself. He mentions also, with much complacency, his services (unpaid, I presume) as censor of the press.

It would have added some weight to your correspondent's observations if he had had the courage to sign his name and qualifications, and had not let it ooze out in his letter that he was suffering in pocket from "new men." Will "Observer" define for us what a physician is? I find in a Dictionary of good authority the following:—"Physician: a person skilled in the art of healing, one whose profession is to prescribe remedies for diseases." I suppose this definition will be too comprehensive, for it would include "Observer" himself.

A few weeks ago I saw the diploma of a L.K.Q.C.P.I., in which was an express statement, as well as I remember, to the effect that the holder of the said diploma "*is a physician*," and on the back of the document was the holder's name, "Dr. So-and so," in the handwriting of one of the officials of the licensing body. Is this gentleman right or wrong to style himself "Physician"? Must he wash his hands of "all such mean practices" as calling himself what his diploma calls him before he can begin to take his share in that reformation of the world which, according to "Observer," is to be added to our already onerous duties? Perhaps your correspondent has begun the reform. If he does not hold the degree of M.D., no doubt he rebukes everybody who forgets and addresses him as "Dr. Observer," or asks at the surgery door if "Dr. Observer" is in. It has been decided by high legal authority that the holder of the licence L.R.C.P. is a physician. If not, what is he?

I offer no apology for a man who, not holding the degree, signs himself M.D.; but I do defend the L.R.C.P., who only "came to the town eighteen months ago," and adds to that offence the signing himself "Physician," because he does it to indicate to the public that he is duly qualified to practise medicine. If "Observer" be L.S.A., nobody would grumble at his sticking up "Apothecary" on his premises. A man's success does not depend on the number of handles he has to his name. It depends on his own knowledge, tact, skill, and industry; and if your correspondent would begin the reformation of the world by an attempt to eradicate professional jealousy, it would be more creditable than running a muck at his brethren.

I am, Sir, your obedient servant,

Witton-le-Wear, July 23rd, 1870. SUNDERON.

THE ROYAL SANITARY COMMISSION.

THE proceedings of this body are enshrouded in so much mystery that we profess ourselves utterly incompetent to answer a correspondent, who is anxious to know what the Commission is doing, and when its Report may be expected. Such an inquiry would be more fittingly addressed to the Secretary of the Commission than to ourselves. But being interrogated, we can have no hesitation in giving our opinion that it is high time action took the place of deliberation. We can hardly conceive that after the examination of witnesses, whose evidence was taken twelve months ago, it was necessary to go on for another year accumulating a mass of testimony which must to a great extent be mere repetition. If the Commissioners delay much longer in letting it be known at what conclusions they have arrived as to the points embraced in their present inquiry, we suspect that inferences not specially flattering to their aptitude for dealing with the subject will be drawn by those interested in sanitary progress.

Dr. John Millar's communication shall receive attention.

EYE-LOTIONS.

To the Editor of THE LANCET.

SIR,—Amongst all the hosts of irregular practitioners, no doubt any specialist will encounter a great number of irregular specialists—men who trade upon the modern popular notion that a medical man, if at all, is celebrated for something *in particular* besides his general reputation—men who have no nostrum to cure all complaints as of old, but who propose to undertake all cases of one large class, as a specialty, and have but one mode of treatment of all of them. Generally, of course, but not always, this is a money-making speculation. *Sometimes it is pure misdirected philanthropy* The old family recipe for eye-water, if inefficient, is generally very inoffensive; it is strong of the water; and if it does no good, it does no harm to anyone, and produces little visible effect. It contains neither lead nor belladonna. In ninety-nine cases out of a hundred it is a very dilute solution of sulphate of zinc (white vitriol, so called). Water, alone, for the eyes is an excellent sanatory appliance, as frequently, perhaps, as it is for general purposes of health. But as simple conjunctivitis or catarrhal ophthalmia is the most frequent of eye complaints, a little sulphate of zinc is thrown in on speculation. It sometimes does good, it is very cheap, and it manifests its presence even in so great a quantity of water. We generally use too much water in our collyria. It was a valuable hint to me some time ago, when a distinguished foreigner observed that our strongest (he was speaking of sulphate of zinc—two grains to the ounce of water) was only the strength of their weakest lotion. But if one did not know when to prescribe or to omit sulphate of zinc, or sulphate of atropine, or other common lotions, one could only be safe by great dilution, and also perhaps by combinations of different remedies. Soon after beginning eye practice I began to be aware of some special phases of quackery in vogue among our patients. Simples are not now much used in London. One man not long ago told me he had been using "eye-bright," but he had lost his faith in it. "Eye-snuff" used to be much advertised; but it is not now, I believe, or, if it is, I should be glad to learn its composition. In different cases, calomel and sulphate of soda, and other locally irritant powders, like the ground glass of the ancients, slowly but undoubtedly bring about important changes of condition in the cornea. I have found, from my patients, that one or more of those who keep public-houses in the neighbourhood of University College give away to anyone (of their customers I suppose) who asks for eye-water, and brings a bottle for it, a good supply. I do not know if it has ever been, by mistake, taken internally. Then I have found there are, or were, two men, both near Baker-street, not of the medical profession—one with a military prefix to his name, —who saw patients having bad eyes, regularly, and made no charge; but one of them had a box for money on the table before the patient; the other, I rather think, had some particular plan for supplying the medicines he ordered. But now, just lately, I have found that Parkins and Gotto, the well-known Oxford-street stationers, are in the habit of dealing out eye-lotion to those who ask for it, if they go early in the morning, and take a bottle. This is purely gratuitous, and it is also very weak indeed—sulphate of zinc, of course. My messenger did not get enough of it for quantitative analysis. It is much to the credit of the firm that the cashier is, I believe, dispenser. No inquiries are made about the case. Somebody has got a bad eye—that is all. I believe they honestly wish to do good by it; and *are not all bad eyes alike?*

Your obedient servant,

Upper Brook-street, July 23rd, 1870. J. F. STREATFEILD.

A Subscriber of Ten Years is recommended to let the matter drop. If he had been in a position to state that the medicine was unnecessary, he would have had just grounds for refusing it. The guardians will naturally insist upon judging as to the sufficiency of the attendance supplied by their own officers, and the Poor-law Board are bound to support a high standard. If requested to resign, our correspondent would have no case against the guardians if the request was sanctioned by the Poor-law Board. Together they have full power to dismiss without further appeal or remedy. Our correspondent had better apply to the guardians to find the drugs, as the only way of avoiding similar disputes; and it is well to bear in mind that the public are such exacting taskmasters that they insist upon paupers being attended to better than those who can afford to pay.

Mr. Lawson Tait's letter shall appear in our next number.

A SUGGESTION FOR ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—We have read the letter of "Thirsty" in your impression of to-day on the subject of a supply of drinking-water for the students of St. Bartholomew's. As, however, the suggestion, if carried out, would require some time (a matter of importance during this hot weather), we shall have much pleasure in presenting one of our stoneware filters (No. 27 D) to the hospital for the use of the students, if they will kindly make the necessary arrangements for securing a place for it to stand in. The filter can be delivered immediately.

Yours truly,

THE SILICATED CARBON FILTER COMPANY.

Church-road, Battersea, July 23rd, 1870.

MORTALITY AT SEA.

THE post-mortem examination alluded to in an annotation of last week was performed at the Seamen's Hospital. Serous effusion beneath the membranes of the brain, passive congestion of both lungs, and an enlarged spleen naturally led to the conclusion that some form of fever had attacked this man in common with the majority of the crew. The inquest, however, was for some mysterious reason delayed, and meanwhile the ship had left the Victoria Docks for Liverpool, so that the medical officer of the Seamen's Hospital was the sole witness. The loose way in which inquests are frequently held is daily becoming more apparent. We apprehend it to be the duty of a coroner to elicit facts tending to show whether the death of a person has occurred from preventable as well as from natural causes, and reiterate that official inquiries should be made in all cases, such as that recorded last week, in the interests of public safety as well as of sanitary science.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—Allow me to correct the statement in your last report of the Royal Medical and Chirurgical Society, in which, instead of "Baboo Chunder Sen said," &c., it should be "Baboo Gopaul Chunder Roy."—Yours truly,

Grosvenor-park, Camberwell, July 27th, 1870. G. C. ROY.

Inquirer.—Those by Morehead and Sir Ranald Martin are considered the standard works on the Diseases of India.

An Advocate for Medical Reform.—Our correspondent's communication shall appear next week.

ERRATA.—In Dr. Ogle's paper, published in our last, p. 112, second column, line 8, for "one," read *arm*. In two instances, one in the same, the other in the following column, for "PAVY," read *Parry*. And the second foot-note in the second column should read "Collections, p. 542."

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Longmore, Netley; Dr. J. R. Reynolds; Mr. Streatfeild; Mr. H. Lee; Dr. Althaus; Mr. Hooper, Wigan; Mr. Edwards, Thame; Mr. Ellis; Mr. Tait, Wakefield; Mr. Spooner, Blandford; Mr. Crowther, Hogsthorpe; Mr. Marsh, Worcester; Mr. H. T. Mead, Christchurch; Mr. Davies, Market Drayton; Dr. Mackintosh, Callington; Mr. W. Thompson; Dr. Eade; Mr. Unwin; Mr. Henderson; Mr. J. Aitken, Glasgow; Mr. Starling; Mr. W. Kimpton; Baboo Gopaul Chunder Roy; Mr. Jones; Mr. Bellamy; Mr. Mackay, Darlington; Mr. Wilton; Mr. Morris; Mr. Brewer; Mr. Whiteley; Mr. Beck; Mr. Hawkins; Mr. Astley; Mr. Ruck; Mr. Green; Mr. Sharp; Dr. Lowe; Dr. Cresswell; Dr. Taylor, Caldbeck; Mr. Edgeworth; Mr. Lightbody; Mr. Brown; Mr. Lloyd; Mr. Fletcher, Holbeach; Dr. Bernard, Staines; Dr. March, Wandsworth; Mr. J. Fryer; Messrs. Letts & Co.; Mr. Reid; Mr. Lane; Mr. Neale; Mr. Hewitt; Mr. Huxley, Jersey; Mr. Bradshaw; Dr. Curran, Sutton; Mr. Dickinson, Middlesborough; Dr. Murray, Newcastle; Dr. C. Allbutt; Mr. Bagster; Mr. Stone; Dr. Brown, Battersea; Dr. Jamieson, Glencloy; Dr. Muirhead, Edinburgh; Dr. Charteris, Glasgow; Messrs. Berger, Spence, and Co., Manchester; Mr. White; Dr. More, Rothwell; Mr. Bartlett; Mr. Baynes; Mr. Mitchell; Mr. Gabb, Cheltenham; Mr. Tomlinson, Wakefield; Mr. Brereton, Bristol; Mr. Ashworth; Mr. Miller; Mr. Percival, Knottingley; Dr. Male, Lincoln; Mr. Macleod; Dr. Campbell, Navenby; Dr. Williams, Broomfield; Mr. Fleischmann, Cheltenham; Capt. Lecky, Halifax, N.S.; Dr. Tucker, Hamilton, Bermuda; Mr. Myers; Dr. Phillips; Mr. Steel; Mr. T. Parker; Mr. Corselles, Havre; Dr. Jamieson, Shanghai; Mr. B. Smith; Mr. Marson; Mr. Hughes, Bala; Mr. S. Laver; Dr. Davies, Swansea; Mr. Stephenson; Mr. J. Manning; Dr. Balbirnie; Mr. Burnes; Dr. Philpots, Leamington; Dr. Pritchard, Highbury; Mr. F. Smith; Mr. Evans; Dr. Andrews; Mr. Court, Staveley; Mr. Peard; Mr. Spencer; Mr. Tattersall; Dr. B. A. Duncan; Mr. Lister; Dr. Fothergill; Mr. Godson; An Advocate for Medical Reform; Romulus; Anti-Quack; M. A.; A. G.; M. M.; The Silicated Carbon Filter Company; Sundikos; A very Old Crimean Surgeon; P. T. F.; A Victim; W. F. D.; R. D.; Medicus; A Subscriber; M.R.C.S.E.; B. M. S.; &c. &c.

Brighton Guardian, Family Friend, Edinburgh Daily Review, Welshman, Eastern Morning News, Scotsman, Pharmaceutical Journal, Lincolnshire Chronicle, Bucks Herald, Journal de Médecine Mentale, Sheffield Independent, Beverley Guardian, Southampton Times, Croydon Chronicle, South Durham Mercury, Brighton Gazette, Liverpool Daily Courier, North Wales Chronicle, Weekly British Colonist, Western Morning News, Tavistock Gazette, Echo Medical et Pharmaceutique, Belge, North China Herald, Edinburgh Evening Courant, and *North and South Shields Gazette* have been received.

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